

Volume 1:

Administrative and Organizational

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	<p align="center">OFFER AND ACCEPTANCE SOLICITATION NUMBER: HP432188</p>	<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams Street Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax</p>
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Attachment A: Offer And Acceptance

Submit this form with an original signature to the:

**Arizona Department of Health Services
Office of Procurement
1740 West Adams, Room 303
Phoenix, Arizona 85007**

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the solicitation.

Arizona Transaction (Sales) Privilege Tax License No:
54-1414194

Federal Employer Identification No:
54-1414194

For Clarification of this Offer, Contact:

Name: Michael R. Zent, Ph.D., CEO

Telephone: 602-914-5800

FAX: 602-914-5904

ValueOptions, Inc.

Company Name

444 N. 44th Street Suite 400

Address

Phoenix, AZ 85008

City, State, ZIP Code



Signature of Person Authorized to Sign Offer

Michael R. Zent, Ph.D.

Printed Name

Chief Executive Officer

Title

OFFER ACCEPTANCE AND CONTRACT AWARD (For State of Arizona Use Only)

Your Offer is hereby accepted as described in the Notice of Award. The Contractor is now bound to perform based upon the Solicitation and the Contractor's Offer as accepted by the State.

This Contract shall henceforth be referred to as Contract Number: _____

The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until the Contractor receives an executed purchase order or contract release document or written notice to proceed, if applicable.

State of Arizona Awarded this _____ day of _____, 20____

PROCUREMENT OFFICER

November 21, 2003

Jon Medwin, MBA, C.P.M., CPPO, CGFM
Arizona Department of Health Services
Office of Procurement
1740 West Adams Street, Room 203
Phoenix, Arizona 85007

Re: Solicitation Number HP432188
Behavioral Health Services Administration—Maricopa County

Dear Mr. Medwin:

ValueOptions, Inc. (ValueOptions) is pleased to respond to the Request for Proposals (RFP) issued by the State of Arizona Department of Health Services (ADHS) for Behavioral Health Services Administration in Maricopa County (RFP No. HP432188). We have appreciated the opportunity to partner with ADHS and the behavioral health community in managing publicly funded behavioral health care for Maricopa County's residents over the past four years. In submitting this proposal, we extend our dedication to the residents of Maricopa County and offer a continued commitment to comply with all terms, conditions, specifications, and amendments for the services set forth in the RFP.

In preparing our response, we had an opportunity to reflect on the improvements that have been made since 1999, when ValueOptions assumed responsibility as the RBHA for Maricopa County. These changes are the result of fostering a collaborative effort between *all* those involved in our behavioral health system, including the leadership and staff at the ValueOptions Service Center and direct service sites, providers, consumers, family members, advocates, legislators, the Division of Behavioral Health Services, and many other stakeholders across Maricopa County. Presented below are some of our most notable accomplishments. With the support and collaboration of all of our stakeholders, we have:

- stabilized the behavioral health system following a decade of tumultuous changes and managed significant growth as the number of enrolled consumers increased from 30,080 in 1999 to over 50,400 in 2003—an almost 70% increase;
- expanded services to underserved constituents by focusing outreach and treatment services in rural communities and metropolitan ZIP code areas with the highest number of Medicaid-eligible residents;
- in collaboration with ADHS/DBHS, created and implemented the Arizona Model for Children's Services throughout the county, providing over 28,000 hours of training to our staff, providers, and other state agencies -- and now serving approximately 1,100 children and through Child and Family Teams;
- developed standards and initiatives to increase cultural competency, including hiring 20 bilingual crisis specialists; instituting a pay differential for bilingual employees; adding contract requirements for providers to meet standards for cultural and linguistically appropriate services; and using ZIP code mapping to identify underserved areas;
- promoted the recovery philosophy by integrating consumers into the community through peer support programs; increasing services at consumer drop-in centers; expanding vocational services, art programs, and consumer committees; and sponsoring events such as the "Partners in Employment" conference;
- completely redesigned the countywide crisis system to offer better risk assessment and coordination of care for 320,000 consumers a year; created a specialized mobile team for persons with Developmental Disabilities; and initiated Rapid Response Teams to provide rapid assessment for consumers in emergency rooms and Children's Action Teams to support children served by the Department of Economic Security (DES);
- developed and maintained affordable housing for consumers, including increasing our housing capacity to over 5,000 units by purchasing permanent housing stock, moving almost 900 consumers into permanent housing, initiating co-occurring and specialized housing programs, and implementing the Correction Officer/Offender Liaison (COOL) program for parolees.
- developed an improved framework for communications and data processing, including an extensive and integrated information systems network that allows providers to share resources with their RBHA; and
- streamlined claims processing, enabling us to process 250,000 claims a month and 3.4 million a year.

Jon Medwin

Jon Medwin

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November 21, 2003

Preparing our response also gave us the opportunity to focus on the ways in which ValueOptions can continue to improve our services. Among the changes we propose to implement in the upcoming contract period include:

- establishing a community reinvestment initiative designed to strengthen the behavioral health system in areas for which other resources are not available, such as developing a competent, well-trained workforce and enhancing the infrastructure of the system;
- improving integration between health care and behavioral health through the co-location of medical staff in direct care clinics, collaboration with health plans on high-risk patients, development of mechanisms to improve coordination for children removed from the home, and implementation of a Web-based system to enhance medical sharing.
- implementing a work force development initiative, including a model competency-based training program, initiatives to reduce turnover, and hiring of family and peers;
- implementing the Housing First model of supported housing—an innovative and cost effective model that emphasizes consumer choice, availability of regular rather than specialized housing units, and flexible, individualized services combined with natural supports;
- enhancing our cultural competency initiative through integrating cultural competency content into all training modules, delivering specialized training for all direct care and provider physicians, and implementing numerous initiatives to increase outreach, enrollment, and linguistically appropriate services to Latino constituents.

More details regarding our accomplishments can be found in *Volume I.e* and *I.o*. In addition, we also highlight our “Next Steps”, or planned future enhancements, throughout the proposal.

It is important to note that our service design and delivery has been informed by more than 30 focus groups conducted with consumers, family members, providers, stakeholders, community advocates, staff, and providers. We invited participants to let us know what is working well, as well as what can be done to improve the system. The feedback we received from those sessions is incorporated throughout the proposal. We will continue to solicit input and feedback regularly from all of the aforementioned stakeholders.

Through connecting consumers to the care they need and developing innovative ways to foster recovery, ValueOptions has played an important role in creating a better behavioral health system for Maricopa County. We believe the strength of our working relationships, our past performance, and our determination to continue to improve our services, make us the best choice to serve as Maricopa County’s RBHA for the next contract period.

We look forward to the opportunity to talk with you about our proposal, to answer any questions, and to provide additional supporting information that would clarify our commitments to the Department of Health Services. As Chief Executive Officer of the ValueOptions Arizona Service Center, I am serving as the primary point of contact for this RFP. Please direct questions to me at (602) 914-5900.

Sincerely,



Michael R. Zent, Ph.D.,
Chief Executive Officer
ValueOptions Maricopa County RBHA

C: Ronald I. Dozoretz, M.D.
Chairman, Chief Executive Officer, and President

Solicitation No. HP432188

Amendment No 1

Page 1

Solicitation Due Date: November 26, 2003 3:00 P.M. MST

1740 West Adams, Room 303

Phoenix, AZ 85007

(602) 542-1040



(602) 542-1741 fax


Contact: Jon Medwin



A. Scope of Work

- ### B. Special Terms and Conditions

- Procurement Administrator

	SOLICITATION AMENDMENT	ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, AZ 85007 (602) 542-1040 (602) 542-1741 fax
Solicitation No. HP432188 Amendment No. 2 Page 1 Solicitation Due Date: November 26, 2003 3:00 P.M. MST		Contact: Jon Medwin
<i>A signed copy of this amendment must be submitted with your Solicitation Response. This Solicitation is amended as follows:</i>		
Pursuant to the Special Instructions to Offerors, page 98 of 168, <u>Paragraph B. Questions</u> , is amendment to include: "The deadline to submit questions relating to Solicitation No. HP432188 is Wednesday, October 29, 2003, 5:00 P.M., MST. After that date and time, questions will be returned and not answered regarding this solicitation."		
Vendor hereby acknowledges receipt and understanding of above amendment.	The above referenced Solicitation Amendment is hereby executed this 22 nd day of October, 2003 in Phoenix, Arizona.	
<div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div> <div style="text-align: center;">11/17/03</div> Date </div> </div>	<div style="text-align: center;"> _____ / S / Procurement Administrator </div>	
Name and Title: Michael R. Zent, Ph.D. Chief Executive Officer		
Name of Company: ValueOptions, Inc.		

	<p align="center">SOLICITATION AMENDMENT</p> <p>Solicitation No. HP432188</p> <p>Amendment No. 3 Page 1</p> <p>Solicitation Due Date: November 26, 2003 3:00 P.M. MST</p>	<p>ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, AZ 85007 (602) 542-1040 (602) 542-1741 fax</p> <p>Contact: Jon Medwin</p>
<p><i>A signed copy of this amendment must be submitted with your Solicitation Response. This Solicitation is amended as follows:</i></p>		
<p>A. Scope of Work</p> <ol style="list-style-type: none"> Page 44 of 165, Paragraph L, <u>Complaints, SMI Grievance, Member Appeals, and Provider Appeals, 1. b.</u>, is amended to remove last sentence "Should issues relating. . .and/or provider." and replaced with: "For all issues other than provider appeals, should issues relating to the decisions and/or actions of the contractor and/or their subcontractor involving the processes rise to the level of an administrative hearing and/or judicial review, the Contractor shall provide the necessary professional, paraprofessional and administrative services for the representation of the Contractor and/or provider. For provider appeals that rise to the level of an administrative hearing and/or judicial review each party shall provide the necessary professional, paraprofessional and administrative services for each respective party." Page 47 of 165, Paragraph Q. <u>Financial Management, 3.</u>, second sentence is removed in its entirety and is amended to read: "Where specific guidance is not provided by authoritative literature (example FASB), or where there are multiple acceptable methods available to record accounting transactions, DHS may occasionally require the Contractor to follow guidance outlined in the Financial Reporting Guide." Page 47 of 165, Paragraph Q. <u>Financial Management, 4.</u>, third and fourth sentences are removed in their entirety and replaced with: "The contractor, whether a for-profit or non-profit entity, shall provide financial reports audited in accordance with OMB Circular A-133 and a cost allocation plan in accordance to OMB Circular A-122. Additional agreed upon procedures may be required of the Contractor's auditor as determined by DHS." Page 88 of 165, Paragraph 3) is removed in its entirety and replaced with: "The Contractor shall have all required positions hired and fulfilling responsibilities under this contract by July 1, 2004. The Contractor shall have sufficient personnel working and operating in Maricopa County during the transition phase in order to be fully operational by the effective date of the contract, July 1, 2004." 		
<p>Vendor hereby acknowledges receipt and understanding of above amendment.</p> <p><u>Michael R. Zent</u> <u>10/17/03</u> Signature Date</p> <p>Name and Title: Michael R. Zent, Ph.D. Chief Executive Officer</p> <p>Name of Company: ValueOptions, Inc.</p>	<p>The above referenced Solicitation Amendment is hereby executed this 27th day of October, 2003 in Phoenix, Arizona.</p> <p align="center">_____/S/_____ Procurement Administrator</p>	

	SOLICITATION AMENDMENT	ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 West Adams, Room 303 Phoenix, AZ 85007 (602) 542-1040 (602) 542-1741 fax
Solicitation No. HP432188	Amendment No 4	Page 1
Solicitation Due Date: November 26, 2003	3:00 P.M. MST	Contact: Jon Medwin
<i>A signed copy of this amendment must be submitted with your Solicitation Response. This Solicitation is amended as follows:</i>		
A. Scope of Work		
<ol style="list-style-type: none"> 1. Page 7 of 165, Paragraph 6) is removed in its entirety and is amended to read: "6) Has providers to deliver services in the behavioral health recipients' primary or preferred language including services delivered by behavioral health professionals, behavioral health technicians, and, paraprofessionals, and crisis telephone services. In cases where the primary or preferred language is a rare language spoken in the geographic service area, services shall be provided with interpreter services." 2. Page 8 of 165, Paragraph 7) is amended to add: "ADHS intends to enhance its ability to identify the linguistic needs of individuals with limited proficiency in English and to more effectively monitor Contractor's ability to provide services to these individuals. As these processes are developed, the Contractor shall adjust its operations." 3. Page 11 of 165, Paragraph <u>d. Annual Reports</u>, is amended to add an additional report, include titles and adjust the numbers and letters for the paragraphs. The paragraph will read: "1) Network Inventory a) The Network Inventory is due annually to ADHS on January 15th. b) The purpose of the Network Inventory is to quantify number of providers available by all categories of covered services. c) The Inventory requires the reporting of the number of agencies, the number of full and part-time staff, units/slots, beds and dollars allocated, as appropriate for each covered service by population (e.g. SMI, GMH, SA, Child). d) The Network Inventory also includes categories in addition to covered services that ADHS is monitoring, such as: the number of staff competent in delivering services to behavioral health recipients with developmental disabilities; staff with bilingual capabilities; and prescriber availability. 2) The Annual Provider Network Development and Management Plan a) The Annual Provider Network Development and Management Plan is due to ADHS on July 1, 2004 and annually thereafter on March 1. b) The purpose of the plan. .and minimum network standards. c) The plan shall include. . fulfilling the prior year plan. d) The Plan shall include. .SAPT Block Grant Priority populations." 		
Vendor hereby acknowledges receipt and understanding of above amendment.	The above referenced Solicitation Amendment is hereby executed this 6 th day of November, 2003 in Phoenix, Arizona.	
<div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div> 11/7/03 Date </div> </div>	<div style="text-align: center;"> _____ / S / Procurement Administrator </div>	
Name and Title: Michael R. Zent, Ph.D. Chief Executive Officer Name of Company: ValueOptions, Inc.		

d. Offeror Business Information

Attachment B: Offeror Business Information

Offeror's Name: ValueOptions, Inc.

OFFEROR GENERAL INFORMATION**1. Type of Organization** (Check one and provide requested information)**(X) Corporation:**

When & where incorporated: Virginia, April 6, 1987

Has corporation done business in Arizona? Yes (X) No (☐)

If yes, when and where? Regional Behavioral Health Authority, Maricopa County, Arizona, from August 1998 to the present

Federal I.D. No.: 541414194

Primary nature of business: Behavioral Health Managed Care

Annual Gross: \$ 1,067,705,825

Number of employees: 4,682

(☐) Partnership:

Date of organization:

General Partnership (☐)

Limited Partnership (☐)

Has partnership done business in Arizona? Yes (☐) No (☐)

If yes, when and where?

Social Security No.:

Primary nature of business:

Annual Gross: \$

Number of employees:

(☐) Joint Venture:

Date of organization:

Has the joint venture done business in Arizona? Yes (☐) No (☐)

If yes, when and where?

Names and addresses of joint venture members:

<u>NAME</u>	<u>ADDRESS</u>
-------------	----------------

Federal I.D. No.:

Primary nature of business:

Annual Gross: \$

Number of employees:

☐ **Sole Proprietorship:**

Name in full:

Address:

Has sole proprietorship done business in Arizona?

Yes ☐

No ☐

If yes, when and where?

Social Security No.:

Primary nature of business:

Annual Gross: \$

Number of employees:

2. Type of Status (Check one)

☒ For profit

☐ Not for profit

☐ Government

3. License/Certification: Attach a list of all licenses and certifications (e.g. federal HMO status or State certifications) your organization maintains. Use a separate sheet of paper listing the license requirement and the renewal dates.

See Attachment 1 for Arizona related licenses and for licenses maintained by ValueOptions, Inc., corporate offices.

Have any licenses been denied revoked or suspended within the past 10 years? Yes ☐ No ☒

If yes, please explain.

4. Civil Rights Compliance Data: Has any federal or state agency ever made finding of noncompliance with any civil rights requirements with respect to your program? Yes ☐ No ☒

If yes, please explain.

Not applicable.

5. Accessibility Assurance: Does your organization provide assurance that no qualified person with a disability will be denied benefits of, or excluded from, participation in a program or activity because the Offeror's facilities (including subcontractors) are inaccessible to, or unusable by, persons with disabilities? (Note: Check local zoning ordinances for accessibility requirements). Yes ☒ No ☐ If yes, describe how such assurance is provided or how your organization is taking affirmative steps to provide assurance.

ValueOptions has local and corporate Policies and Procedures in place and local staff to implement such requirements to ensure that all facilities, programs and activities under the control of ValueOptions are

accessible to persons with disabilities. Subcontractors are contractually bound to comply with local, state and federal law and to maintain all required licensure.

6. **Prior Convictions:** List all felony convictions within the past 15 years of any key personnel (i.e., Administrator, Medical Director, financial officers, major stockholders or those with controlling interest, etc.). Failure to make full and complete disclosure shall result in the rejection of your proposal.

No key personnel have any prior felony convictions within the past 15 years.

7. **Federal Government Suspensions/Exclusion:** Has the Offeror been suspended or excluded from any federal government programs for any reasons? Yes (☐) No (x) If yes, please explain.

8. **Did a firm or organization provide the Offeror with any assistance in making this offer** (to include developing capitation rates or providing any other technical assistance)? Yes (x) No (☐)

If yes, what is the name of this firm or organization?

The following independent contractors have provided assistance:

Zohreh Piurek

Aimee Schwartz

Kathryn Schuett

Stephen Taylor

Lisa Aumack

9. **Provide at least three (3) references for work, similar in scope and complexity to this RFP, performed during the last three (3) years.** Provide the requested information.

- a. Client Name: NorthSTAR

Address: PO Box 12668
Austin, Texas 78711

Telephone: (512) 206-4568

Contact person: John Theiss

Brief Description of services provided:

The NorthSTAR contract with the state of Texas, is an at risk, behavioral health Medicaid waiver carve-out that includes management of blended funding and separation of management authority and provider functions.

Contract Start/End Dates: Current Contract Term is September, 2003 to August, 2005

Contract Value: Approximately \$ 127,000,000

- b. Client Name: Pennsylvania Medicaid

Address: Southwest Behavioral Health Management
2520 New Butler Road
New Castle, PA 16101

Telephone: (724) 657-3470

Contact person: David Mc Adoo, Executive Director

Brief Description of services provided:

ValueOptions manages nine county contracts with four different models. The model that most resembles the scope in this RFP is a full six county collaborative that is managed by a non-profit corporation.

Contract Start/End Dates: Beginning contract was January 1, 1999, under current renewal until December 31, 2006

Contract Value: Approximately \$ 92,000,000

c. Client Name: Massachusetts Behavioral Health Partnership

Address: DMA, 600 Washington St.
5th Floor
Boston, MA 02111

Telephone: (617) 210-5731

Contact person: Michael Norton, Director of Behavioral Health Programs

Brief Description of services provided:

Partial risk contract with the state of Massachusetts with multiple funding streams for behavioral health services, including the provision of services to Medicaid consumers, adult and child services, emergency services and general population.

Contract Start/End Dates: July 1, 1996 to June 30, 2006

Contract Value: Approximately \$ 331,900,000

FINANCIAL DISCLOSURE STATEMENT

The Offeror must provide the following information as required by 42 CFR 455.103. This Financial Disclosure Statement shall be prepared as of 8/31/03.

1. **Ownership:** List the name and address of each person with an ownership or controlling interest, as defined by 42 CFR 455.101, in the entity submitting this offer:

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
FHC Health Systems, Inc.	240 Corporate Blvd; Norfolk, VA 23502	100%
Ronald I. Dozoretz, MD	240 Corporate Blvd; Norfolk, VA 23502	66.55% owner of common and preferred stock of FHC Health Systems, Inc.

2. **Subcontractor Ownership:** List the name and address of each person with an ownership or control interest in any subcontractor in which the disclosing entity has direct or indirect ownership of 5% or more:

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
First Hospital Laboratories, Inc. (First Lab)	240 Corporate Blvd; Norfolk, VA 23502	100% FHC Health Systems, Inc.
Rx Innovations, LLC.	240 Corporate Blvd; Norfolk, VA 23502	100% Worldside, Inc., which is a subsidiary of FirstLab, a Sister Corporation of ValueOptions, Inc.
ABSolute Integrated Solutions, Inc.	240 Corporate Blvd; Norfolk, VA 23502	100% ValueOptions, Inc.

Names of above persons who are related to one another as spouse, parent, child or sibling:

Not applicable

3. **Ownership in Other Entities:** List the name of any other entity in which a person with an ownership or control interest in the Offeror entity also has an ownership or control interest:

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
Alternative Behavioral Health Services, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
ABS of South Carolina, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
ABS LINC'S, LLC	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
The Pines Residential Treatment Center, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
Alternative Management Services, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
FHCHS of Puerto Rico, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
First Hospital Corporation of Virginia Beach	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
First Hospital Corporation of Chattanooga	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
First Hospital Panamericano, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
First Hospital Corporation of Nashville	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
First Hospital Corporation of Hopkinsville	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
ABS of Kentucky, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
First Home Care Corporation	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
Community Cornerstones of	240 Corporate Blvd.,	First Home Care Corporation, 100%

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
Puerto Rico, Inc	Norfolk, VA 23502	
Virgin Islands Behavioral Services, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
Crawford First Education, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
ABS – First Step, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 100%
First Corrections – Puerto Rico, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ABS- First Step, Inc. 100%
NetCare of Virginia, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Alternative Behavioral Health Services, Inc., 25%
Value Health Reinsurance, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
Wellington Life Insurance Company	240 Corporate Blvd., Norfolk, VA 23502	Value Health Reinsurance, Inc., 100%
OPTIONS Health Care, Inc. (DE)	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
Massachusetts Behavioral Health Partnership	240 Corporate Blvd., Norfolk, VA 23502	OPTIONS Health Care, Inc., 50%; ValueOptions, Inc., 50%
FHC Options – Puerto Rico, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
Corporation for Standards & Outcomes (CS&O)	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
TrialStar, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
FHC Travel Services, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
First Hospital Laboratories, Inc. dba First Lab	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
WorldWide, Inc.	240 Corporate Blvd., Norfolk, VA 23502	First Hospital Laboratories, Inc. dba First Lab, 100%
RX Innovations, LLC	240 Corporate Blvd., Norfolk, VA 23502	World Wide, Inc. 100%
FHC Flight Services, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
FHC Property Holdings, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
American Medical Services, Inc. (STAYSTAT)	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 8%; FHC Internet Services, L.C., 52%
FHC Internet Services, L.C.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 15%
Lifescape, LLC	240 Corporate Blvd., Norfolk, VA 23502	FHC Internet Services, L.C., 93.28%
Benefit Internet Group, LLC	240 Corporate Blvd., Norfolk, VA 23502	Lifescape, LLC, 100%
PATHware, Inc.	240 Corporate Blvd., Norfolk, VA 23502	Lifescape, LLC, 100%
FHC Clinical Management, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
FHC Financial Corp.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
FHC Mental Health Business Trust	240 Corporate Blvd., Norfolk, VA 23502	FHC Financial Corp., 100%

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
FHC Therapy Business Trust	240 Corporate Blvd., Norfolk, VA 23502	FHC Mental Health Business Trust , 100%
FHC Behavioral Business Trust	240 Corporate Blvd., Norfolk, VA 23502	FHC Mental Health Business Trust , 51%; FHC Business Therapy Trust 49%
First Lab of Virginia, LLC	240 Corporate Blvd., Norfolk, VA 23502	Worldwide Inc. 100%
ValueOptions, Inc.	240 Corporate Blvd., Norfolk, VA 23502	FHC Health Systems, Inc., 100%
ValueOptions of California, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Value Behavioral Health of Pennsylvania, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
ValueOptions of Texas, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Behavioral Health Administrators, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Health Management Strategies International, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Value Behavioral Health IPA of New York, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
First Option Corporation – Nebraska	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
CHCS, IPA	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Achieve Solutions, LLC	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Absolute Integrated Solutions, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Behavioral Healthcare of Virginia Beach, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
CBHS of Virginia Beach	240 Corporate Blvd., Norfolk, VA 23502	Behavioral Healthcare of Virginia Beach, Inc., 100%
FHC Options of Texas, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Options Independent Practice Association, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
First Option, Inc. (non-stock corp)	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Value Behavioral Health of Rhode Island, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
ValueOptions of Ohio, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
CBHP, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
Choice Behavioral Health Partnership	240 Corporate Blvd., Norfolk, VA 23502	CBHP, Inc., 50%; ValueOptions, Inc., 50%
ValueOptions of Tennessee, LLC	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%
ValueOptions of Florida, LLC	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 100%

<u>Name</u>	<u>Address</u>	<u>Percent of Ownership or Control</u>
JOINT VENTURES:		
Florida Health Partners, Inc.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 50%
Massachusetts Behavioral Health Partnership	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 50%; OPTIONS Health Care, Inc., 50%
Choice Behavioral Health Partnership	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 50%; CBHP, Inc. 50%
SyCare-Options Colorado, LLC	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 50%
West Slope-Options Colorado, LLC	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 50%
Pikes Peak-Options Colorado, LLC	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 50%
C.R.O.S., L.L.C.	240 Corporate Blvd., Norfolk, VA 23502	ValueOptions Inc., 25%

- 4. Long-Term Business Transactions:** List any significant business transactions, as defined in 42 CFR 455.101, between the Offeror and any wholly-owned supplier or between the Offeror and any subcontractor during the five-year period ending on the Contractor's most recent fiscal year end:

<u>Describe Ownership of Subcontractors</u>	<u>Type of Business</u>	<u>Dollar Amount of Transaction</u>
For Arizona Service Center, Maricopa County <u>Regional Behavioral Health Authority</u>		
AHCCMS	Transaction with Provider	\$7,113,105.00
AREA AGENCY ON AGINGREGION ONE	Transaction with Provider	225,000.00
ARISE INC	Transaction with Provider	40,997.76
ARIZONA BAPTIST CHILDREN'S SERVICES	Transaction with Provider	1,265,723.00
ARIZONA BEHAVIORAL HEALTH CORPORATION	Transaction with Provider	1,540,931.22
ARIZONA STATE HOSPITAL	Transaction with Provider	993,723.00
ARIZONA'S CHILDREN ASSOCIATION	Transaction with Provider	611,347.00
AZ PARTNERS FOR YOUTH & FAMILIES	Transaction with Provider	7,202,553.00
AZ WINWAY CTR FOR GAMBLING RECOVERY	Transaction with Provider	28,289.79
B&K YOUTH CENTER	Transaction with Provider	48,000.00
BILTMORE PROPERTIES	Transaction with Provider	529,177.65
BJ GROUP HOME	Transaction with Provider	172,539.50
BLACK FAMILY & CHILD SERVICES INC	Transaction with Provider	356,273.00
BUCKEYE ELEMENTARY SCHOOL	Transaction with Provider	48,995.53
CALVARY REHABILITATION CENTER INC	Transaction with Provider	523,948.00
CARENOW ARIZONA	Transaction with Provider	7,464,579.00
CARONDELET HEALTH NETWORK	Transaction with Provider	35,700.00
CASA DE AMIGAS INC	Transaction with Provider	425,727.00
CASA,CENTER FOR PREV OF ABUSE & VIOL	Transaction with Provider	250,000.00
CATHOLIC SOC SERV OF CTRL NORTH AZ	Transaction with Provider	180,000.00
CEDA	Transaction with Provider	68,584.48
CENTER FOR BEHAVIORAL HEALTH INC	Transaction with Provider	301,442.00
CENTRAL ARIZONA SHELTER SERVICES IN	Transaction with Provider	89,546.00
CENTRO DE AMISTAD INC	Transaction with Provider	119,920.00
CHICANOS POR LA CAUSA INC	Transaction with Provider	2,777,206.15
CHRISTIAN FAMILY CARE AGENCY	Transaction with Provider	36,630.00

Describe Ownership of Subcontractors For Arizona Service Center, Maricopa County <u>Regional Behavioral Health Authority</u>	<u>Type of Business</u>	Dollar Amount of <u>Transaction</u>
CHRYSALIS SHELTER VICTIMS OF D.V.	Transaction with Provider	78,418.00
CINNAMON HILLS YOUTHCRISES CENTER	Transaction with Provider	464,185.00
COHAN, M.D., LYDIA J	Transaction with Provider	179,004.00
COMMUNITY MEDICAL SERVICES INC	Transaction with Provider	1,580,800.00
COMMUNITY SERVICES OF AZ	Transaction with Provider	69,970.35
COMTRANS, INC	Transaction with Provider	3,226,129.28
CONCEPTS FOR CHANGE INC.	Transaction with Provider	255,000.00
CONCILIO LATINO DE SALUD, INC.	Transaction with Provider	250,000.00
COPPER HILLS YOUTHCENTER	Transaction with Provider	339,480.00
DAYBREAK BEHAVIORALRESOURCES	Transaction with Provider	114,144.50
DESERT HILLS	Transaction with Provider	40,590.00
DESERT SPRINGS PROFESSIONALS, LLC	Transaction with Provider	151,468.63
DEVELOPMENTAL BEHAVIORAL CONSULTANTS	Transaction with Provider	697,562.50
DEVEREUX CLEO WALLACE	Transaction with Provider	1,332,338.00
DEVEREUX FOUNDATION	Transaction with Provider	1,291,196.50
EAST VALLEY ADDICTION COUNCIL	Transaction with Provider	5,855,483.00
EBONY HOUSE INC	Transaction with Provider	703,910.00
EMERSON, JUDY	Transaction with Provider	26,100.00
IMPACT - SUICIDE PREVENTION CENTER	Transaction with Provider	5,300,902.74
FAMILY SERVICE AGENCY INC	Transaction with Provider	190,959.00
FIRSTLAB	Transaction with Provider	595,556.00
FLAGGSTAFF MEDICAL CENTER	Transaction with Provider	42,198.86
FLORENCE CRITTENTONSVR OF AZ INC	Transaction with Provider	165,232.30
FRIENDLY HOUSE INC	Transaction with Provider	250,000.00
FRIENDSHIP CMHC	Transaction with Provider	236,816.10
FSL PATHWAYS	Transaction with Provider	2,202,157.00
GENERAL HEALTH CORPORATION	Transaction with Provider	639,760.00
GOODWILL INDUSTRIES	Transaction with Provider	189,200.30
HEALTHCARE SAN ANTONIO, INC.	Transaction with Provider	107,700.00
INTENSIVE TREATMENT SYSTEMS INC	Transaction with Provider	886,995.00
JEWISH FAMILY & CHILDREN'S SERVICE	Transaction with Provider	4,107,880.00
KINO COMMUNITY HOSPITAL	Transaction with Provider	83,425.34
MARC CENTER	Transaction with Provider	5,430,991.00
MARICOPA COUNTY INTEGRATED HEALTH	Transaction with Provider	14,973,985.54
MEDPRO	Transaction with Provider	3,372,714.90
MERV GRIFFIN	Transaction with Provider	285,368.00
META SERVICES INC	Transaction with Provider	9,276,852.00
METROPOLITAN PSYCHIATRIC PHYSICIANS	Transaction with Provider	27,560.42
MINGUS MOUNTAIN ESTATE RES CTR INC	Transaction with Provider	939,668.00
NATIVE AMERICAN CONNECTIONS	Transaction with Provider	1,710,580.05
NCADD	Transaction with Provider	454,177.00
NEW ARIZONA FAMILY INC	Transaction with Provider	5,218,002.00
NEW FOUNDATION	Transaction with Provider	924,673.00
NEW HORIZONS COUNSELING SERVICE	Transaction with Provider	765,000.00
NEW HORIZONS YOUTHOMES	Transaction with Provider	81,885.00
NO. PHOENIX VISIONS OF HOPE CENTER	Transaction with Provider	90,776.00
NORTH PHOENIX VISIONS OF HOPE	Transaction with Provider	202,876.00
NORTHERN ARIZONA BEHAVIORAL HEALTH	Transaction with Provider	39,195.00
NORTHWEST WYOMING BOARD OF COOPERATI	Transaction with Provider	136,420.00
NOVA	Transaction with Provider	40,000.00

Describe Ownership of Subcontractors For Arizona Service Center, Maricopa County <u>Regional Behavioral Health Authority</u>	<u>Type of Business</u>	Dollar Amount of <u>Transaction</u>
NW ORGANIZATION FOR VOL ALTERNATIVES	Transaction with Provider	2,536,027.00
PARC PLACE/SW CHILDREN'S HEALTH	Transaction with Provider	1,772,199.50
PARKER, JOEL E	Transaction with Provider	74,240.61
PELMS HOUSE INCORPORATED	Transaction with Provider	539,850.00
PEOPLE OF COLOR	Transaction with Provider	2,662,506.00
PHOENIX CHILDRENS HOSPITAL	Transaction with Provider	179,657.03
PHOENIX INDIAN CENTER	Transaction with Provider	190,000.00
PHOENIX INTERFAITH COUNSELING	Transaction with Provider	2,182,550.33
PHOENIX SHANTI GROUPINC	Transaction with Provider	343,846.00
PLANNED LIFETIME ASSISTANCE OF AZ	Transaction with Provider	100,000.00
PREHAB OF ARIZONA INC	Transaction with Provider	1,131,635.00
PRESBYTERIAN SERVICE AGENCY	Transaction with Provider	3,266,003.60
PROVIDENCE OF ARIZONA	Transaction with Provider	75,000.00
RX INNOVATIONS	Transaction with Provider	199,675.00
SAFE RIDE SERVICES INC	Transaction with Provider	2,628,548.97
SAFEWAY	Transaction with Provider	26,184.22
SAMARITAN BANNER	Transaction with Provider	2,297,816.99
SANDY PINES	Transaction with Provider	49,170.00
SCOTTSDALE PREVENTION INSTITUTE	Transaction with Provider	205,922.78
SMMHC INC	Transaction with Provider	274,850.00
SONORA QUEST LABORATORIES LLC	Transaction with Provider	210,160.30
SOUTHWEST BEHAVIORAL HEALTH SERVICES	Transaction with Provider	16,086,113.04
SOUTHWEST HUMAN DEVELOPMENT INC	Transaction with Provider	349,990.00
SOUTHWEST NETWORKS	Transaction with Provider	13,231,918.00
SPRING MOUNTAIN TREATMENT CENTER	Transaction with Provider	422,125.00
SPRINGBROOK HOMES	Transaction with Provider	267,561.35
ST LUKE'S/IASIS HEALTHCARE CORP.	Transaction with Provider	2,377,174.21
STEP BY STEP	Transaction with Provider	45,737.00
SUNNYSLOPE VILLAGE ALLIANCE	Transaction with Provider	49,292.17
SURVIVORS EDUCATING LOV FRIENDS/FAM	Transaction with Provider	287,490.00
SURVIVORS ON OUR OWN OF ARIZONA INC	Transaction with Provider	292,478.00
SURVIVORS UNITED INC	Transaction with Provider	250,000.00
TERROS INC	Transaction with Provider	12,714,524.73
TETRA CORPORATION	Transaction with Provider	128,993.00
THE ALEX FOUNDATIONFOR BRAIN INJURY	Transaction with Provider	58,596.50
THE BROWN SCHOOLS OF SAN MARCOS, INC	Transaction with Provider	322,200.00
THE OAKS PSYCHIATRIC HOSPITAL	Transaction with Provider	94,800.00
THREE SPRINGS INC	Transaction with Provider	73,000.00
TMC HEALTH CARE/DBAPALO VERDE MHS	Transaction with Provider	27,723.00
TOBY HOUSE INC	Transaction with Provider	3,655,302.31
TOTAL TRANSIT	Transaction with Provider	54,382.40
TOUCHSTONE BEHAVIORAL HEALTH	Transaction with Provider	283,461.50
TRIPLE R BEHAVIORAL HEALTH INC	Transaction with Provider	9,557,936.00
VALLE DEL SOL INC	Transaction with Provider	4,461,290.00
VALLEY OF THE SUN SCHOOL & HABILITA	Transaction with Provider	375,134.00
WESTSIDE SOCIAL SERVICES INC	Transaction with Provider	650,927.00
WILLOW SPRINGS LLC	Transaction with Provider	180,588.00
YOUTH DEVELOPMENT INSTITUTE	Transaction with Provider	2,005,434.50
YOUTH ETC.	Transaction with Provider	657,836.00

5. **Criminal Offenses:** List the name of any person who has ownership or control interest in the Offeror, or is an agent or managing employee of the Offeror and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or Title XIX or Title XXI services program since the inception of those programs:

<u>Name</u>	<u>Address</u>	<u>Title</u>
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Not applicable

6. **Creditors:** List name and address of each creditor whose loans or mortgages exceed 5% of total Offeror equity and are secured by assets of the Offeror's company.

<u>Name</u>	<u>Address</u>	<u>Description of Debt</u>	<u>Amount of Security</u>
Wachovia Bank NA	Charlotte, North Carolina	Senior Credit Facility	First priority lien on all real, personal and mixed property, including a pledge of all capital stock

RELATED PARTY TRANSACTIONS

1. **Board of Directors:** List the name and address for each member of the Board of Directors of the Offeror:

<u>Name/Title</u>	<u>Address</u>
Ronald I. Dozoretz, MD	240 Corporate Blvd.; Norfolk, VA 23502
Sole Director	

2. **Highest-Compensated Management:** List names and titles of the 10 highest compensated management personnel including but not limited to the Chief Executive Officer, the Chief Financial Officer, Board Chairman, Board of Secretary, and Board Treasurer:

<u>Name/Title</u>	<u>Address</u>
Ronald I. Dozoretz, MD, Director and CEO	240 Corporate Blvd.; Norfolk, VA 23502
Thomas Oram, Treasurer and Chief Financial Officer of ValueOptions, Inc.	240 Corporate Blvd.; Norfolk, VA 23502
Rebecca White, Secretary	240 Corporate Blvd.; Norfolk, VA 23502
Robert Flowe, Chief Financial Officer, Public Sector Division	240 Corporate Blvd.; Norfolk, VA 23502
Steven E. Ramsland, Vice President, Public Sector Sales	240 Corporate Blvd.; Norfolk, VA 23502
Richard Beland, Executive Vice President, Sales, Marketing and Development	240 Corporate Blvd.; Norfolk, VA 23502
Michael R. Zent, PhD, Chief Executive Officer, Maricopa County RBHA	444 N. 44 th Street, Suite 400; Phoenix, AZ 85008
Bill Sbiliris, MD, Medical Director, Maricopa County RBHA	444 N. 44 th Street, Suite 400; Phoenix, AZ 85008
Richard A. Sheola, Division President, Public Sector	240 Corporate Blvd.; Norfolk, VA 23502
Harold A. Levine, MD, Vice President, Corporate Medical Director, Health Plan Division	240 Corporate Blvd.; Norfolk, VA 23502
William C. Bonfield, MD Vice President, Medical Director, Maricopa County RBHA	444 N. 44 th Street, Suite 400; Phoenix, AZ 85008
Michele Alfano, Chief Operating Officer	240 Corporate Blvd.; Norfolk, VA 23502
Linton S. Holsenbeck, MD, Chief Medical Officer, Public Sector Division	240 Corporate Blvd.; Norfolk, VA 23502
Conway McDonald, Vice President, Medical Director, ValueOptions of Texas	240 Corporate Blvd.; Norfolk, VA 23502

3. **Related Party Transactions:** Describe transactions between the Offeror and any related party in which a transaction or series of transactions during any one fiscal year exceeds the lesser of \$10,000 or 2% of the total operating expenses of the disclosing entity. List property, goods, services and facilities in detail noting dollar amounts or other consideration for each transaction and the date thereof. Include a justification as to the reasonableness of the transaction, its potential adverse impact on the fiscal soundness of the disclosing entity, and that the transaction is without conflict of interest:

a) The sale, exchange or leasing of any property:

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
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Not applicable

Justification: Not applicable

b) The furnishing of goods, services or facilities for consideration:

<u>Description of Transaction</u>	<u>Name of Related Party and Relationship</u>	<u>Dollar Amount for Reporting Period</u>
1. Provision of Administrative Services to Arizona Service Center, Maricopa County Regional Behavioral Health Authority	ValueOptions, Inc. Parent Company	For FY03: \$18,297,000.00 (Included in this number is a change from FHC Health Systems, Inc. to ValueOptions, Inc.)
2. Provision of Lab Services to Arizona Service Center, Maricopa County Regional Behavioral Health Authority	First Hospital Laboratories, Inc. (FirstLab), a Sister Corporation of ValueOptions, Inc	\$595,556.00
3. Provision of Pharmaceuticals to Arizona Service Center, Maricopa County Regional Behavioral Health Authority	Rx Innovation, LLC, a subsidiary of Worldside, Inc., which is a subsidiary of FirstLab, a Sister Corporation of ValueOptions, Inc. (RX Innovations, Inc. was dissolved in 1999	\$199,675.00
4. License of Software to Arizona Service Center, Maricopa County Regional Behavioral Health Authority	ABSolute Integrated Solutions, Inc. a subsidiary Value Options, Inc.	\$1,375,000.00
5. Consulting services for Maricopa County Child and family Team Project	Foundations for Home & Community, Inc., a non-profit affiliation of Alternative Behavioral Services (ABS), a Sister Corporation of ValueOptions, Inc.	\$16,800.00

Justification:

Other services purchased from related parties are generally priced at, or below, their established rates. Administrative services that are purchased include treasury/cash management services, management information services, finance/payroll, legal, human resources, tax services, benefits management and certain risk management services. Such provisions are more cost effective and efficient performed from a centralized base. Lab services, pharmaceuticals and software services are of a specialized nature. Performance of these services by related entities enhances continuity of care for consumers.

c) Describe all transactions between Offeror and any related party which includes the lending of money, extensions of credit or any investment in a related party:

Not applicable

Justification: Not applicable

- d) List the name and address of any individual who owns or controls more than 10% of stock or that has a controlling interest (i.e., formulates, determines or vetoes business policy decisions)

<u>Name</u>	<u>Address</u>	<u>Owner or Controller</u>	<u>Has controlling Interest? Yes/No</u>
Ronald I. Dozoretz, MD	240 Corporate Blvd. Norfolk, VA 23502	Owner	Yes

LICENSE/CERTIFICATION		
State/ValueOptions Service Center	License Type	Renewal Date
Alabama	VO UR/PRA	March, 2005
Arizona	VO UR/PRA	March, 2004
Arizona 1300 N. Central/ICMP 1300 N. Central Avenue Phoenix, AZ 85004	Behavioral Health License	May, 2004
Arizona Alma School 1930 S. Alma School, Bldg A, Suite #203, #207 & #208 Mesa, AZ 85210	Behavioral Health License	January, 2004
Arizona Arcadia Center 3311 North 44th Street Phoenix, AZ 85018	Behavioral Health License	February, 2004
Arizona Cave Creek 14040 N. Cave Creek # 203 & #208 Phoenix, AZ 85022	Behavioral Health License	April, 2004
Arizona Centro Esperanza 310 South Extension Road Mesa, AZ 85210	Behavioral Health License	November, 2003
Arizona East Mesa 3450 N. Higley Mesa, AZ 85215	Behavioral Health License	April, 2004
Arizona East Phoenix 1035 E. Jefferson #100 Phoenix, AZ 85004	Behavioral Health License	November, 2003
Arizona Estrella Adult 3673 S. Bullard Road #106 & #109 Goodyear, AZ 85338	Behavioral Health License	August, 2004
Arizona Glendale 7020 North 56th Ave. Glendale, AZ 85301	Behavioral Health License	June, 2004

LICENSE/CERTIFICATION		
State/ValueOptions Service Center	License Type	Renewal Date
Arizona Heatherbrae Adult 1950 W. Heatherbrae #9 & #10 Phoenix, AZ 85015	Behavioral Health License	Being renewed
Arizona Metro Center 10240 N 31st Ave. #200, #210, & #220 Phoenix, AZ 85051	Behavioral Health License	May, 2004
Arizona Oak Street 2255 N. 44 th St. #220 & #240 Phoenix, AZ 85008	Behavioral Health License	May, 2004
Arizona Park North 702 W. Dunlap Phoenix, AZ 85021	Behavioral Health License	January, 2004
Arizona South Central 1616 E. Roeser Rd. Phoenix, AZ 85040	Behavioral Health License	Being Renewed
Arizona Startgate 1112 E. Washington Phoenix, AZ 85034	Behavioral Health License	March, 2004
Arizona Tempe 1225 E. Broadway, #190 & #240 Tempe, AZ 85282	Behavioral Health License	May, 2004
Arizona Thomas Road 6330 E. Thomas, #200 Scottsdale, AZ 85251	Behavioral Health License	August, 2004
Arizona Washington House 1122 E. Washington Phoenix, AZ 85034	Behavioral Health License	Being Renewed

LICENSE/CERTIFICATION		
State/ValueOptions Service Center	License Type	Renewal Date
Arizona West Camelback 5022 N. 54th Ave. #4 Glendale, AZ 85301	Behavioral Health License	Being Renewed
Arizona West McDowell 5030 W. McDowell Phoenix, AZ 85035	Behavioral Health License	March, 2004
Arizona West Valley Camelot Plaza 11361 N 99th Ave. #501 & #502 Peoria, AZ 85345	Behavioral Health License	July, 2004
Arizona Wickenburg Way 634 West Wickenburg Way Wickenburg, AZ 85390	Behavioral Health License	June, 2004
Arkansas	VO UR/PRA	October, 2004
California	VO TPA	Being Renewed
Connecticut	VO UR/PRA	October, 2004
Connecticut	Preferred Provider Network	Continuous
Florida	VO UR/PRA	July, 2004
Florida	VO TPA	Continuous
Georgia	VO UR/PRA	Being Renewed
Georgia	VO TPA	March, 2004
Illinois	VO UR/PRA	May, 2004
Illinois	VO TPA	February, 2004
Illinois	Preferred Provider Program Arrangement	Being Renewed
Indiana	VO UR/PRA	June, 2004
Iowa	Certificate	Continuous
Kansas	VO UR/PRA	Continuous
Kentucky	VO UR/PRA	April, 2005
Louisiana	VO UR/PRA	Being Renewed
Louisiana	VO TPA	Applying
Louisiana	Medical Necessity Review Organization	Being Renewed
Maine	VO UR/PRA	Continuous
Maine	VO TPA	Continuous
Maine	Preferred Provider Arrangement Certification	Being Renewed
Maryland	VO UR/PRA	January, 2005

LICENSE/CERTIFICATION		
State/ValueOptions Service Center	License Type	Renewal Date
Maryland	VO TPA	June, 2005
Maryland	Contracting Provider Registration	December, 2004
Michigan	VO TPA	March, 2004
Minnesota	VO UR/PRA	January, 2005
Mississippi	VO UR/PRA	March, 2004
Missouri	VO UR/PRA	December, 2003
Nebraska	VO UR/PRA	December, 2003
Nebraska	VO TPA	Continuous
Nevada	VO UR/PRA	March, 2004
New Hampshire	VO UR/PRA	March, 2004
New Hampshire	VO TPA	June, 2004
New Jersey	VO TPA	Registration Letter Sent
New York	VO UR/PRA	September, 2004
New York	VO TPA	December, 2004
New York	Independent Adjuster License	December, 2004
North Carolina	VO TPA	December, 2003
North Dakota	VO UR/PRA	February, 2004
Ohio	VO TPA	Being renewed
Oklahoma	VO UR/PRA	August, 2004
Oklahoma	VO TPA	December, 2003
Pennsylvania	VO UR/PRA	August, 2005
Pennsylvania	VO TPA	May, 2004
Rhode Island	VO UR/PRA	March, 2005
Rhode Island	VO TPA	Continuous
South Carolina	VO UR/PRA	June, 2004
South Carolina	VO TPA	Continuous
Tennessee	VO UR/PRA	June, 2004
Tennessee	VO TPA	May, 2004
Texas	VO UR/PRA	August, 2005
Texas	VO TPA	Continuous
Vermont	VO UR/PRA	October, 2004
Virginia	VO UR/PRA	June, 2005
West Virginia	VO TPA	Applying
Behavioral Health Administrators, Inc. (Michigan)	VO TPA	March, 2004
VBH of Pennsylvania, Inc.	TPA (Insurance Administrator License)	June, 2004
VBH of Pennsylvania, Inc.	Risk Assuming PPO	Continuous
First Option, Inc.	Licensed Health Service Plan	Continuous
First Option Corp. - Nebraska, Inc.	Licensed Prepaid Health Service Org.	Finalizing withdrawal
Florida Health Partners, Inc.	Prepaid Limited Health Services Org.	Continuous

LICENSE/CERTIFICATION		
State/ValueOptions Service Center	License Type	Renewal Date
ValueOptions of California, Inc.	Specialized Health Care Service Plan	Continuous
ValueOptions of Texas, Inc.	Limited HMO	Continuous
Value Health Reinsurance Company	Arizona Reinsurance Company	Continuous
Wellington Life Insurance Company	Arizona & California Insurance Company	Continuous

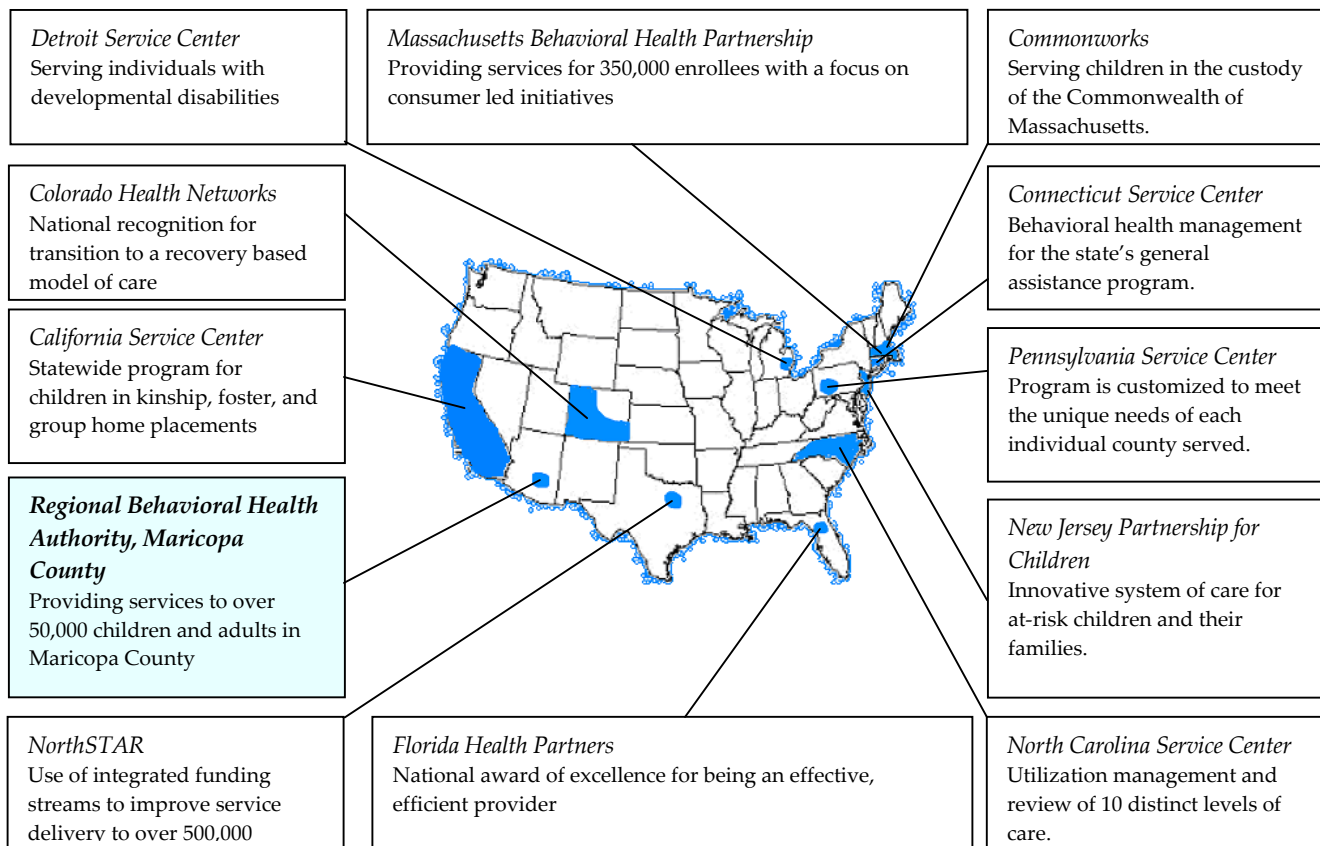
e. Experience Description

ValueOptions’ Experience, Knowledge, and Philosophy

Since 1998 ValueOptions has worked closely with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) to design and build the current Maricopa County system of care. We believe that this experience enables us to best serve the needs of consumers, families, providers, and state and local stakeholders in the next contract period. We have worked collaboratively with ADHS/DBHS and other community partners to define a vision for the Arizona behavioral health system and to build innovative programs to implement the vision. Our work has been both challenging and rewarding, and the lessons we have learned continue to guide our current and future decisions. The support and involvement of consumers, families, and community partners have helped us to understand their needs and to design systems of care that are responsive to those needs. In the following sections, we will describe the philosophy that guides our public sector programs. We will describe our experience managing similar programs in other states and will give examples of our efforts to implement the *Arizona System Principles*, the *Arizona Children’s System Vision and Principles*, and the *Principles for Persons with a Serious Mental Illness*. In Section o. of this volume, we further describe our accomplishments during the past five years and the system enhancements that we view as our “next steps” in Maricopa County.

ValueOptions was founded almost two decades ago and currently serves approximately 24 million people through public and private sector contracts in all 50 states. Providing services to public sector consumers is—and always has been—by far the largest segment of ValueOptions’ business. ValueOptions has operated public sector in many states, including California, Colorado, Connecticut, Florida, Massachusetts, Michigan, New Jersey, North Carolina, Pennsylvania, and Texas (see the Figure 1e.1 below).

Figure 1e.1
ValueOptions Public Sector Division
Customizing Solutions for Governments



As we have partnered with public sector agencies across the nation, we have learned the importance of designing our programs to mirror the philosophies, priorities and structure of the state in which we are providing services. Although strategies can be shared across programs, each must be adapted to the specific requirements of the state and defined in collaboration with local stakeholders to complement the local delivery system.

ValueOptions has adopted a *knowledge exchange philosophy* as the touchstone by which we design, implement, and operate public sector programs. The basis of the philosophy is that no single agency, company, or individual has all possible knowledge about how to create an effective program. All those on whom the program has an impact have something to contribute—and something to learn. Through the synergy that comes from the exchange of ideas and efforts to improve, everyone becomes more knowledgeable, thus multiplying the program’s effectiveness.

We believe this philosophy of inclusion and continuous improvement has been a major factor in our success in serving as the RBHA for Maricopa County. This philosophy will continue to guide our efforts during the upcoming contract period. In addition, ValueOptions holds the following philosophies:

- client- and family-centered services must be strengths-based at the core and must involve consumers and their families in the design, implementation and evaluation of services;
- recovery and rehabilitation services must be available to all consumers and must emanate from the belief that persons can and do recover from mental illness;
- cultural responsiveness must be a primary goal of an effective service delivery system and must be supported in policy, funding and hiring practices;
- systems of care and clinical interventions must be founded on evidence-based practices;
- monitoring systems must integrate clinical, fiscal, and quality data indicators and must focus on outcomes that improve the lives of consumers and their families; and
- a high level of collaboration, frequent communication, and feedback from all stakeholders is key in operating public sector systems of care that require the coordination of programs and funding streams to effectively serve consumers and families.

ValueOptions has served as the RBHA in Maricopa County since 1999. We successfully transitioned the behavioral health system, in collaboration with our partners (i.e., ADHS/DBHS, providers, consumers, families and other stakeholders), from a state of crisis to a stable system poised for its next step of growth. Our accomplishments are a direct result of the hard work and dedication of our staff and partners. This experience has given us an in-depth understanding of:

- the strengths and opportunities for improvement in Maricopa County’s behavioral health system;
- the underlying principles that must drive all service delivery design, implementation, and monitoring;
- the challenges to effective implementation of the principles and the solutions to overcome them; and
- the complexity of system requirements and the level of staff and provider technical assistance and support needed to meet requirements.

Experience in Managing Similar Programs

Of the many programs that contribute to ValueOptions’ ability to meet the State’s experience qualifications, two are especially relevant examples of how ValueOptions has been successful in implementing systems and principles similar to those outlined in this RFP.

The ValueOptions Texas and Massachusetts programs are similar to Arizona in the scope of their systems of care. In all three states, many enrollees have difficult and complex diagnoses, such as serious mental illness, chemical dependency, co-occurring substance abuse, other dual diagnoses, involvement with juvenile justice and/or child welfare delivery systems, significant medical complications and physical disabilities, and, in the instance of children, serious emotional disturbances. In addition, in all three ValueOptions:

- involves consumers and family members across the organization’s structure;
- manages an extensive range of covered services, including case management;
- ensures coordination of services with primary health care, behavioral health organizations, inpatient and outpatient care, child and adult mental health delivery systems, and other public sector programs and services;
- provides a similar range of clinical, network, provider relations, quality improvement, reporting, accounting, fiscal management, claims, and information management functions;
- is accountable for contract performance standards and consumer outcomes; and
- carries financial risk.

Texas (NorthSTAR)

NorthSTAR is a behavioral health managed care project that fundamentally altered the structure of public behavioral health services in a seven-county area around Dallas. ValueOptions began operating one-half of the NorthSTAR program in 1999, and in July, 2000, ValueOptions assumed operation of the entire NorthSTAR program that now serves 550,000 enrollees and indigent Texans.

When NorthSTAR began, the state Medicaid, substance abuse, and mental health authorities combined their funding to create a single system of care. Historically, these systems were under-funded and operated independently with their own eligibility criteria, programs, and benefits. Using the total dollars from 15 federal, state, and local funding streams, NorthSTAR created a single, coordinated system of care. NorthSTAR has streamlined agency policies and eligibility criteria so that consumers are now offered a comprehensive benefit package and are no longer forced to switch providers when their Medicaid eligibility status changes.

From the beginning, ValueOptions' NorthSTAR program also involved consumers and advocates in shaping the design and development of the NorthSTAR program. The NorthSTAR authority has a governing board that is composed of consumers and that serves as a forum for resolving consumers' complaints, concerns, and systems issues. In addition, ValueOptions has a strong Prevention, Education, and Outreach department that employs consumer and family advocates as internal change agents by bringing their perspectives to our organization.

Massachusetts Behavioral Health Partnership

The ValueOptions Massachusetts Behavioral Health Partnership (MBHP) contracts to provide services for some 350,000 Medicaid enrollees. MBHP also coordinates other services funded by the Department of Mental Health and oversees quality management activities for the Primary Care Physician network.

Massachusetts created the nation's first behavioral health carve-out, and MBHP assumed responsibility for the program after the first contract period. Since that time, the program has become nationally recognized for its leadership in a variety of areas, including the following accomplishments:

- Some \$12 million annually is reinvested in community services;
- Consumers and family members play a leadership role through venues such as the Consumer and Family Advisory Councils, the Consumer Satisfaction Teams, and MBHP's contracts with M-POWER, Vinfen and the Massachusetts Clubhouse Coalition for a variety of consumer recovery and support services;
- The Commonwealth has rewarded MBHP for its accomplishments in improving both quality of care and service delivery; and
- Since 1996, MBHP has successfully completed more than 100 performance improvement projects.

The Commonwealth recently expanded MBHP's responsibilities with the addition of medical care management services for up to 2,500 MassHealth Members at high risk enrolled in the MassHealth Essential program. When fully implemented, the program will include 25 regionally-based Field Clinical Care Managers with strong care management experience in primary/community care settings serving high-risk populations. Field Clinical Care Managers will spend 95 percent of their work time at primary care office locations and/or local emergency rooms. The Clinical Care Managers will work closely with consumers and providers to provide specialty care management—developing individual care plans, facilitating access to a variety of health care services, and ensuring continuity of care within the consumer's community. The goal is to support improved health outcomes and service delivery for consumers.

Successes in Achieving Systems and Principles Similar to those in the RFP

Our experience both nationally and in Arizona has prepared us to fulfill the requirements and principles in the RFP. In particular, our strengths include our:

- our in-depth understanding of the requirements of the Arizona and principles, and the knowledge of the organizational and service delivery structures needed to fulfill them;
- our experience partnering with all stakeholders in Maricopa County, having successfully worked side by side with community stakeholders to build and improve the current system;
- our detailed knowledge of all provider agencies and programs in Maricopa County, our understanding of the mechanisms for accountability, and our ability to provide the technical assistance and support that providers need to be successful;
- a corporate philosophy that is in complete alignment with all system principles in the RFP;

- our partnership with ADHS/DBHS in multiple projects, such as the House Bill 2003, the Assessment and Service Planning Workgroup, the Arizona Integrated Consensus Treatment Panel, Recovery Initiatives, and the 200 Kids Pilot Project and its subsequent system-wide roll out demonstrates this alignment;
- our experience planning and designing systems of care in Maricopa County over the past six years, including our understanding of current initiatives, knowing what the “next steps” are, and what it will take to see them through;
- our detailed understanding of the complex interrelationships between the behavioral health system and other systems such as child welfare, juvenile justice, and acute care; and
- our knowledge of areas where RBHA and provider performance needs to be improved and our understanding of past performance improvement initiatives and their successes and failures. This knowledge, our in-depth understanding of the system, and our partnerships, will enable us to build and execute effective performance improvement plans.

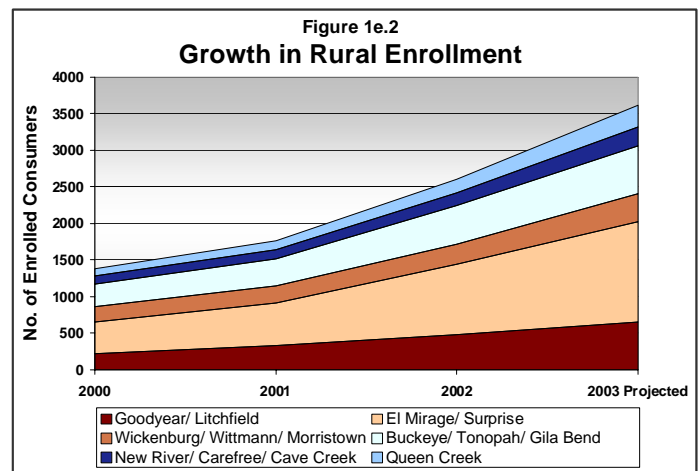
Our achievements summarized below further demonstrate how our experience, knowledge, and philosophy support the successful fulfillment of system requirements and principles. We present them as they relate to *the Arizona System Principles*, the *Arizona Children’s System Vision and Principles*, and the *Principles for Persons with a Serious Mental Illness*.

Arizona System Principles

Examples of achievements in Arizona and other states that demonstrate ValueOptions’ ability to successfully implement the Arizona System Principles include the following:

To enhance **access to care** in Arizona we:

- expanded services for consumers living in rural areas, resulting in a significant increase in rural enrollment (*see figure 1e.2*);
- developed specialized services to treat persons with co-occurring mental health and substance related disorders;
- created Rapid Response Teams to provide quick response to consumers in hospital emergency rooms and Children’s Action Teams to provide rapid support to children and adolescents removed from their homes by Child Protective Services;
- designed and implemented a specialized mobile team trained in the needs of persons with developmental disabilities; and
- implemented school based programs for children and adolescents.



To build a streamlined system for **access to care** in the Texas NorthSTAR contract we:

- designed a comprehensive benefit package that resulted in consumers no longer being forced to switch providers when their eligibility for Medicaid changed;
- increased the use of behavioral health services for the uninsured by 49 percent in the first year of operation; and
- expanded the provider network, both in number and in the array of services offered.

To **involve consumers** in the evaluation of services in Arizona we:

- implemented a consumer report card in Arizona for adults with serious mental illness that was designed to provide consumers with a chance to offer their feedback on how to improve care and recovery efforts at ValueOptions’ Direct Service Sites, and arranged for consumers on the “Peer Interview Team” to work with selected consumers to gather responses for the report card; and
- implemented peer support services at ValueOptions Direct Service Sites.

To **collaborate with the community to improve service delivery through innovation** in Arizona we:

- worked with our partners to design the new Arizona Model for Children;
- collaborated with consumers, families, providers, and other community stakeholders to implement best practice standards for the treatment of co-occurring disorders; and

- partnered with the community in the design and implementation of the House Bill 2003 initiative, which brought many innovative services to children/adolescents and adults with a serious mental illness.

To increase the **expectation for improvement** in Arizona we:

- implemented a system-wide recovery movement resulting in large expansion of recovery and rehabilitative services for adults with serious mental illness and co-occurring disorders;
- developed and implemented training initiatives focused on strengths of consumers and families and their enormous capacity for change; and
- reinforced the recovery and rehabilitation philosophy and principles through ongoing training and outcomes-driven service design.

To build **cultural competence** in the Maricopa County behavioral health system, we:

- established contract goals and incentives to increase the number of Latino youth served;
- increased bilingual crisis telephone services to ensure that Spanish-speaking Crisis Specialists are available 24 hours a day;
- designed and implemented uniform cultural competency training for ValueOptions staff and providers;
- implemented pay differential for employees who use Spanish, Sign or an Native American language to better serve consumers;
- added standards for culturally and linguistically appropriate services to provider contracts;
- analyzed existing use of services for each ethnic group by ZIP code and developed a plan to improve those services; and
- secured \$7 million in new grant funding for community-based programs working with minority communities.

Arizona Children's System Vision and Principles

ValueOptions has been an integral part of designing and implementing the *Arizona Children's System Vision and Principles* in conjunction with our partners. *Volume 3.u* outlines in detail our achievements in this area. Some highlights are that we:

- developed and are in the process of implementing the plan to bring the Arizona Model for Children to each child and adolescent needing behavioral health services in Maricopa County through Child and Family Teams.
- hired Family Support Partners to assist families in working with the service delivery system;
- established a children's urgent care center and developed a specialized mobile team to support children with developmental disabilities;
- created a 24-hour Children's Action Team to serve children involved with the Department of Economic Security;
- participated in the development and implementation of full scale training for the Arizona Model for Children;
- implemented a service system built around seven Comprehensive Service Providers (CSP) to ensure that services are delivered in accordance with principles; and
- developed a wide range of community-based services to support children in their communities, including therapeutic foster care, respite care, intensive in-home services, and one-to-one personal assistance and behavioral coaching.

Arizona's Principles for Persons with a Serious Mental Illness

ValueOptions has demonstrated our commitment to implementing the *Principles for Persons with Serious Mental Illness* consistently the past five years. *Volume 3.v* details information regarding our achievements in this area. Important highlights of our achievements are that we:

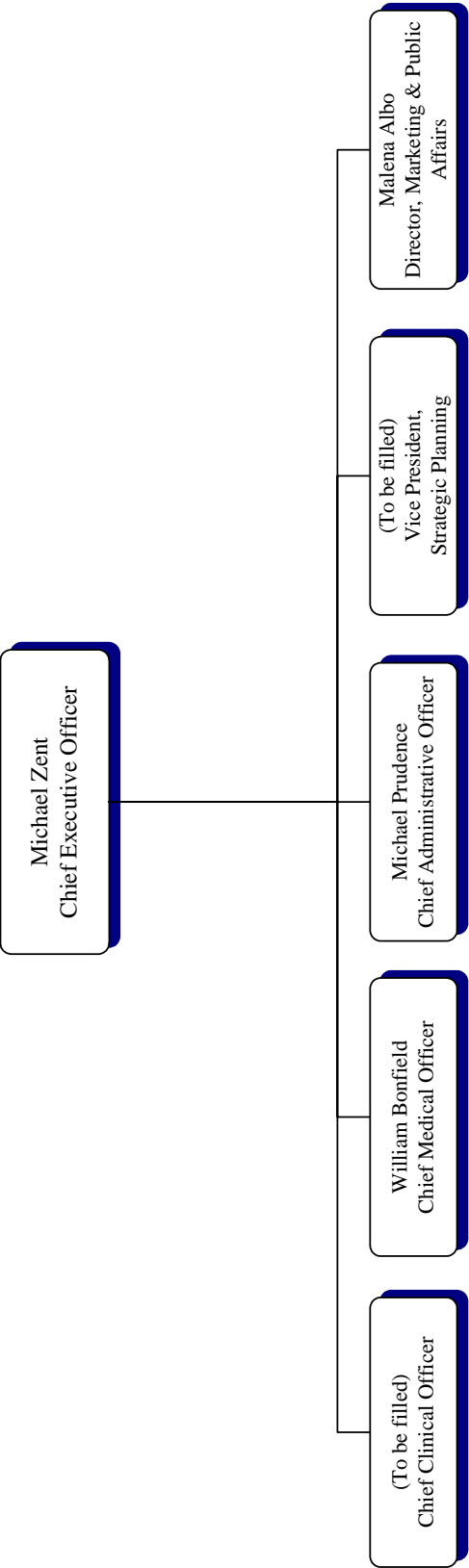
- increased services for consumer-run recreation programs and drop-in centers;
- increased availability of peer support staff at all ValueOptions Direct Service Sites;
- increased awareness and knowledge of co-occurring substance abuse through extensive staff and provider training;
- added Rehabilitation Specialists at all ValueOptions Direct Service Sites to improve access to rehabilitation services;
- created, implemented, and expanded vocational services at the Arizona State Hospital;
- expanded our in-home recovery services through the implementation of Assertive Treatment Teams, living skills training, and peer support services;
- added housing specialists to ValueOptions Direct Service Sites to ensure appropriate housing for consumers; and
- added 1,500 additional housing units between 1999 and 2003, resulting in a total of over 5,000 subsidized housing units.

ValueOptions is poised to move the Arizona system to its next level of excellence. We have partnerships in place with consumers, family members, providers, state agencies, and other community stakeholders to institute necessary reforms. We have the knowledge, skills, and commitment to continue to identify and implement system-wide efforts, and we have demonstrated our ability to improve the system of care to better serve consumers and families.

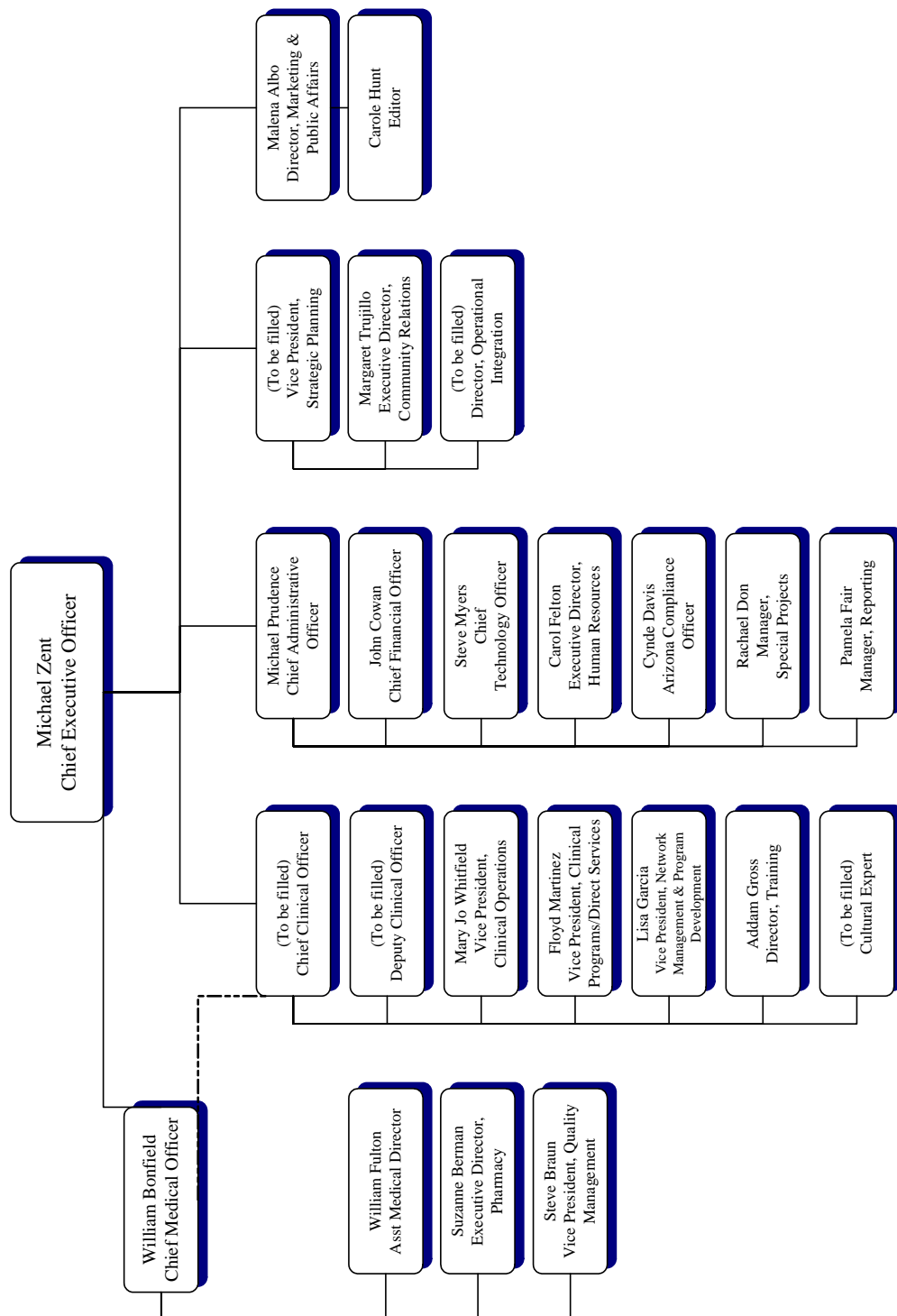
f. Organizational Chart

As requested, organizational charts down to the supervisory level are provided. Directly following the organizational charts is a table summarizing the number of full time employees in each functional area.

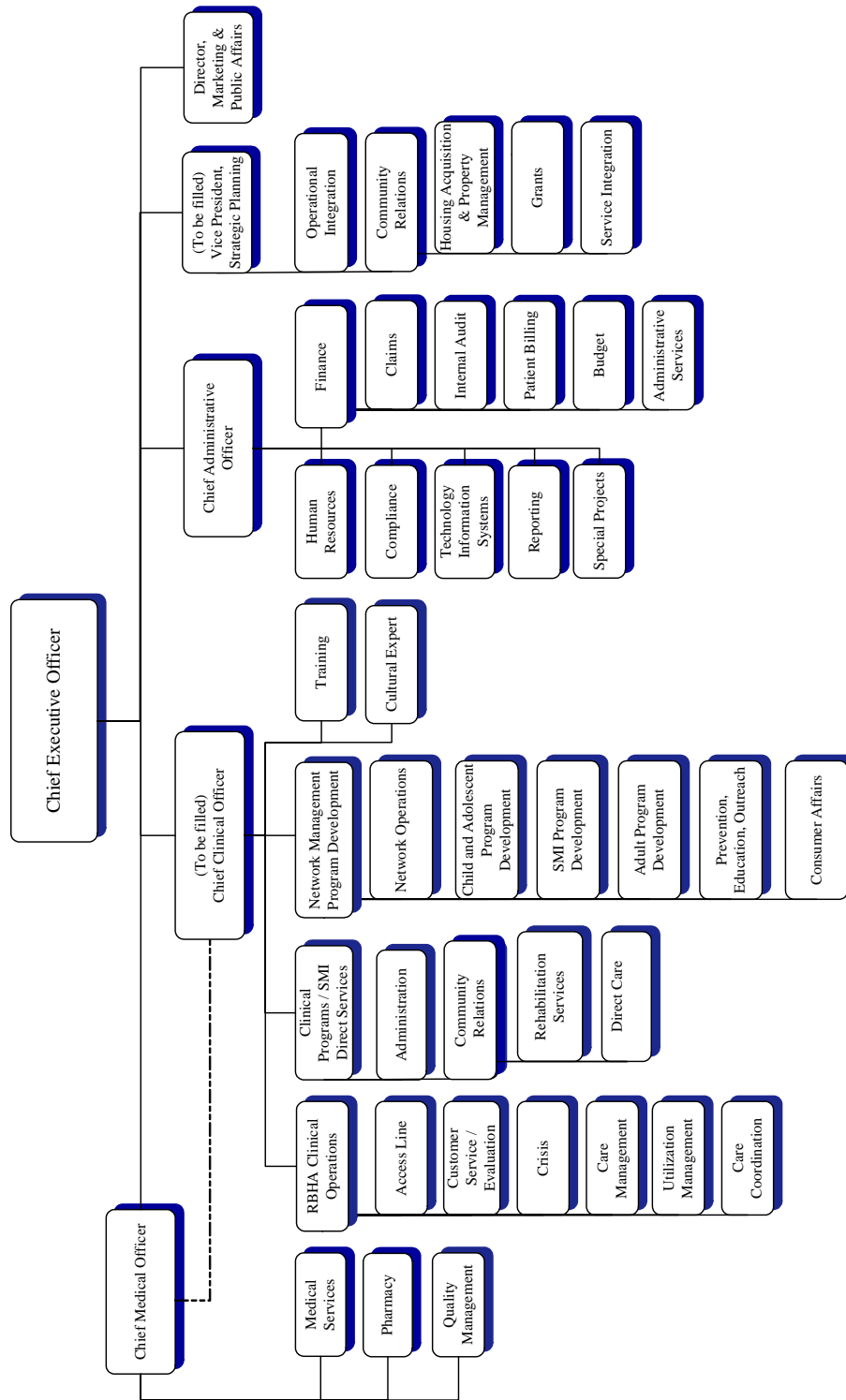
**VALUEOPTIONS PHOENIX SERVICE CENTER
CHIEF EXECUTIVE OFFICER DIRECT REPORTS**



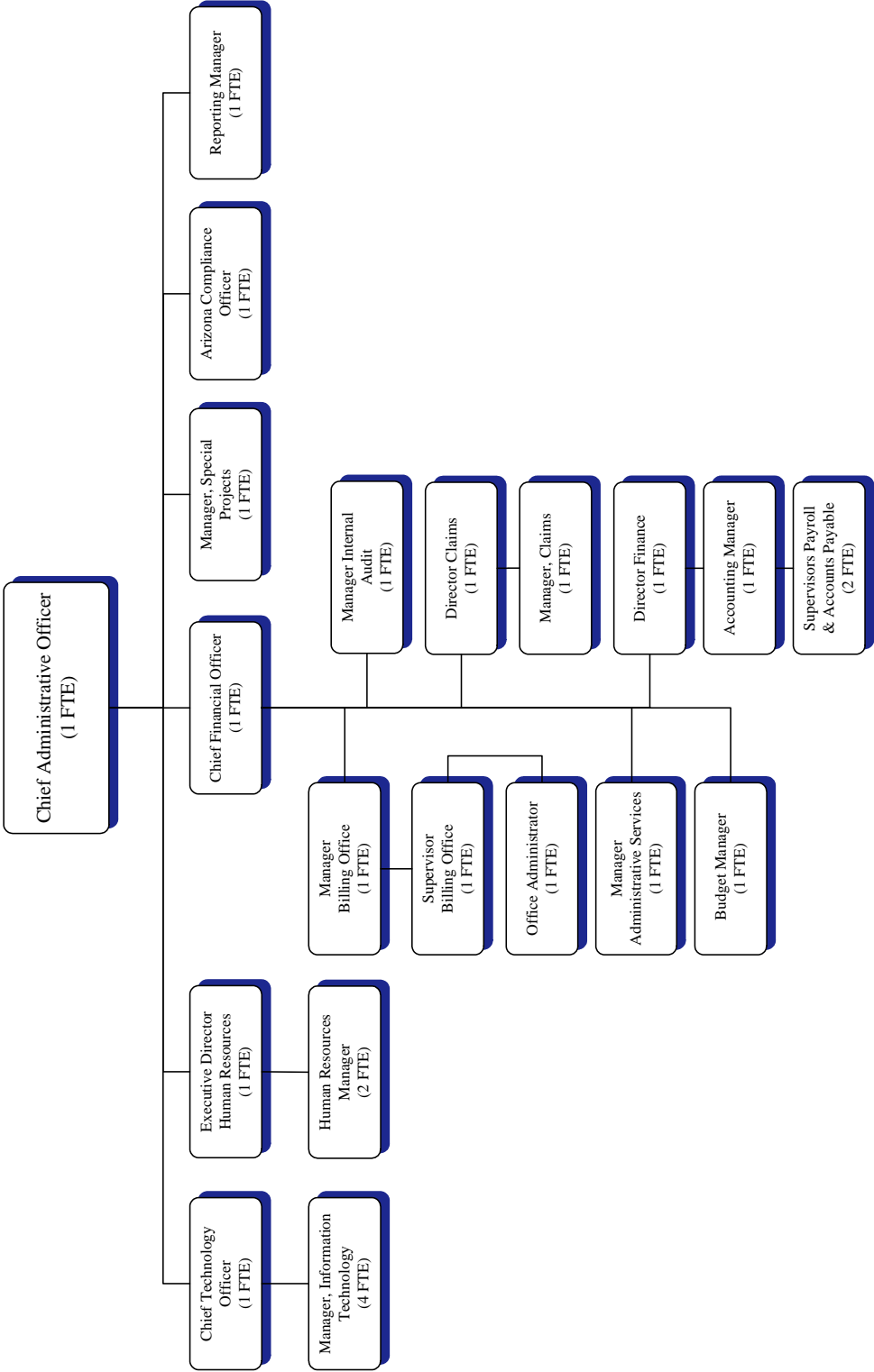
VALUEOPTIONS PHOENIX SERVICE CENTER MANAGEMENT TEAM DIRECT REPORTS



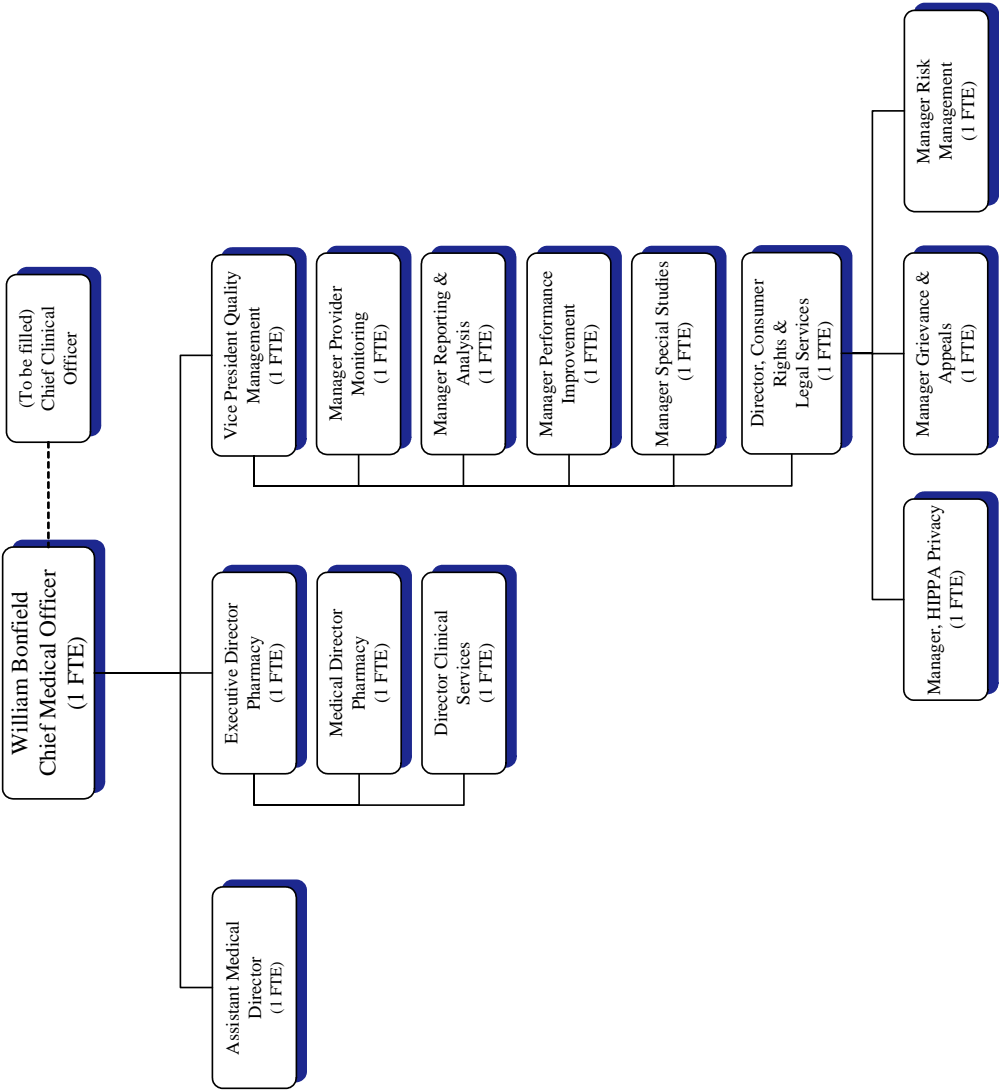
VALUEOPTIONS PHOENIX SERVICE CENTER FUNCTIONAL ORGANIZATIONAL CHART



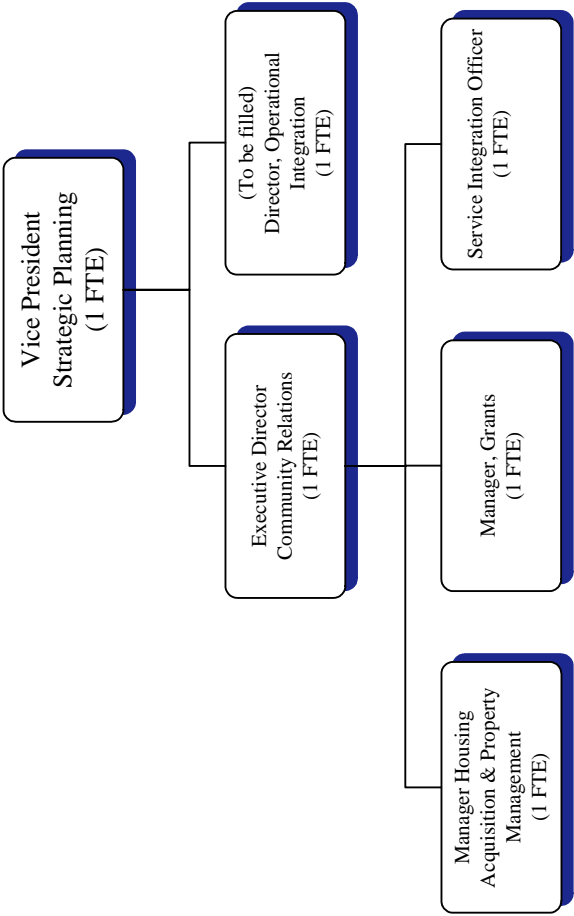
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ADMINISTRATION MANAGEMENT



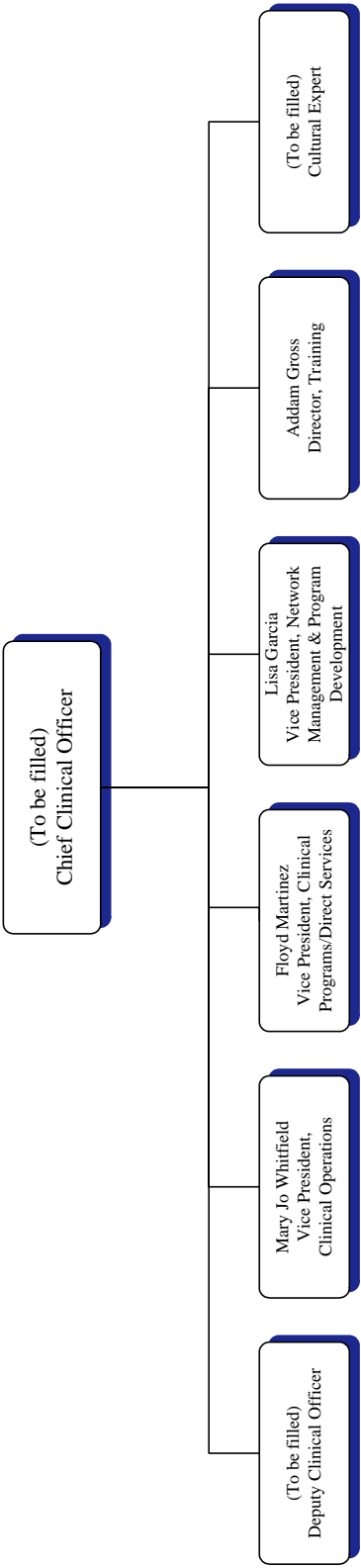
**VALUEOPTIONS PHOENIX SERVICE CENTER
MEDICAL AFFAIRS MANAGEMENT**



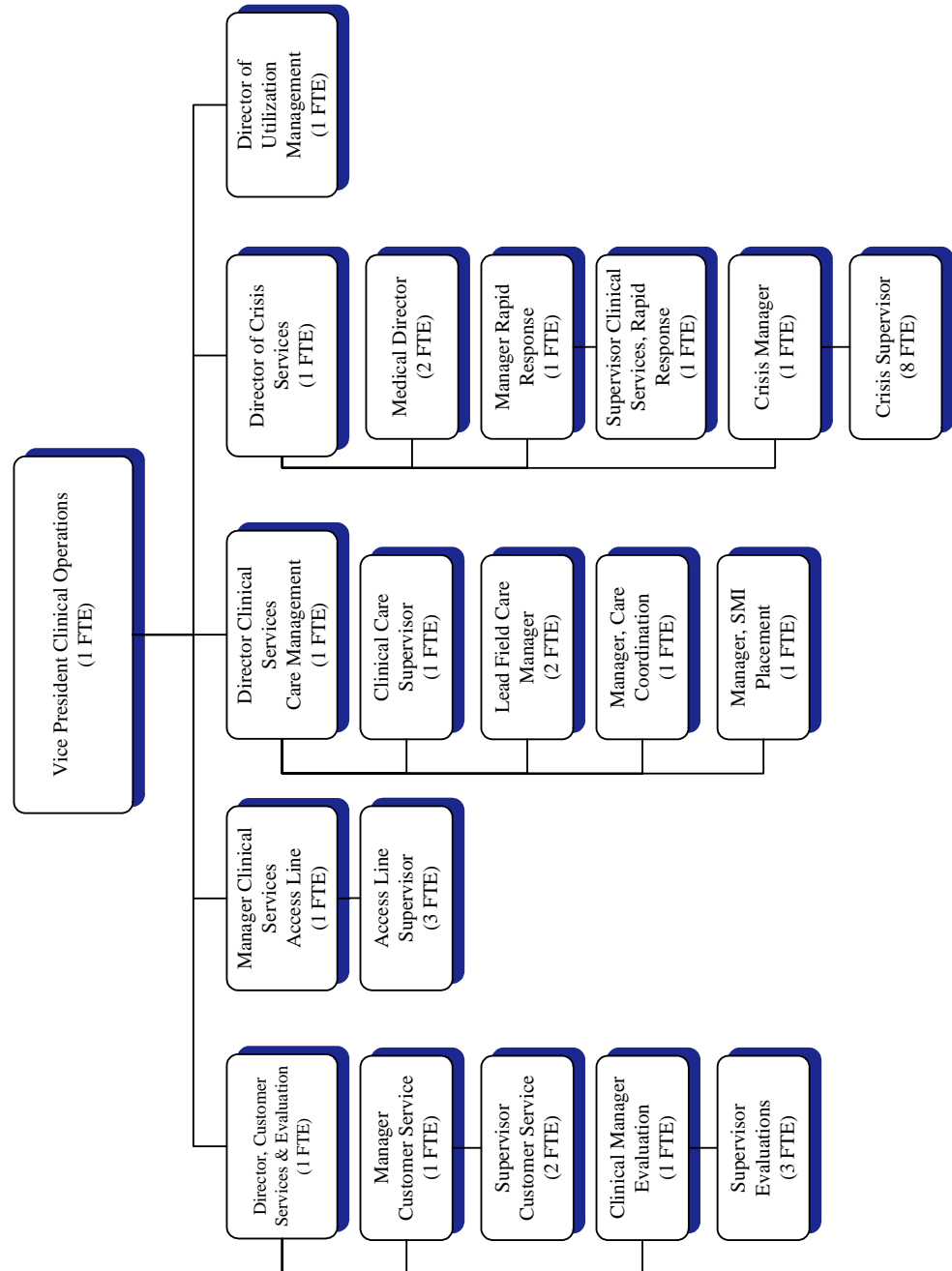
**VALUEOPTIONS PHOENIX SERVICE CENTER
STRATEGIC PLANNING MANAGEMENT**



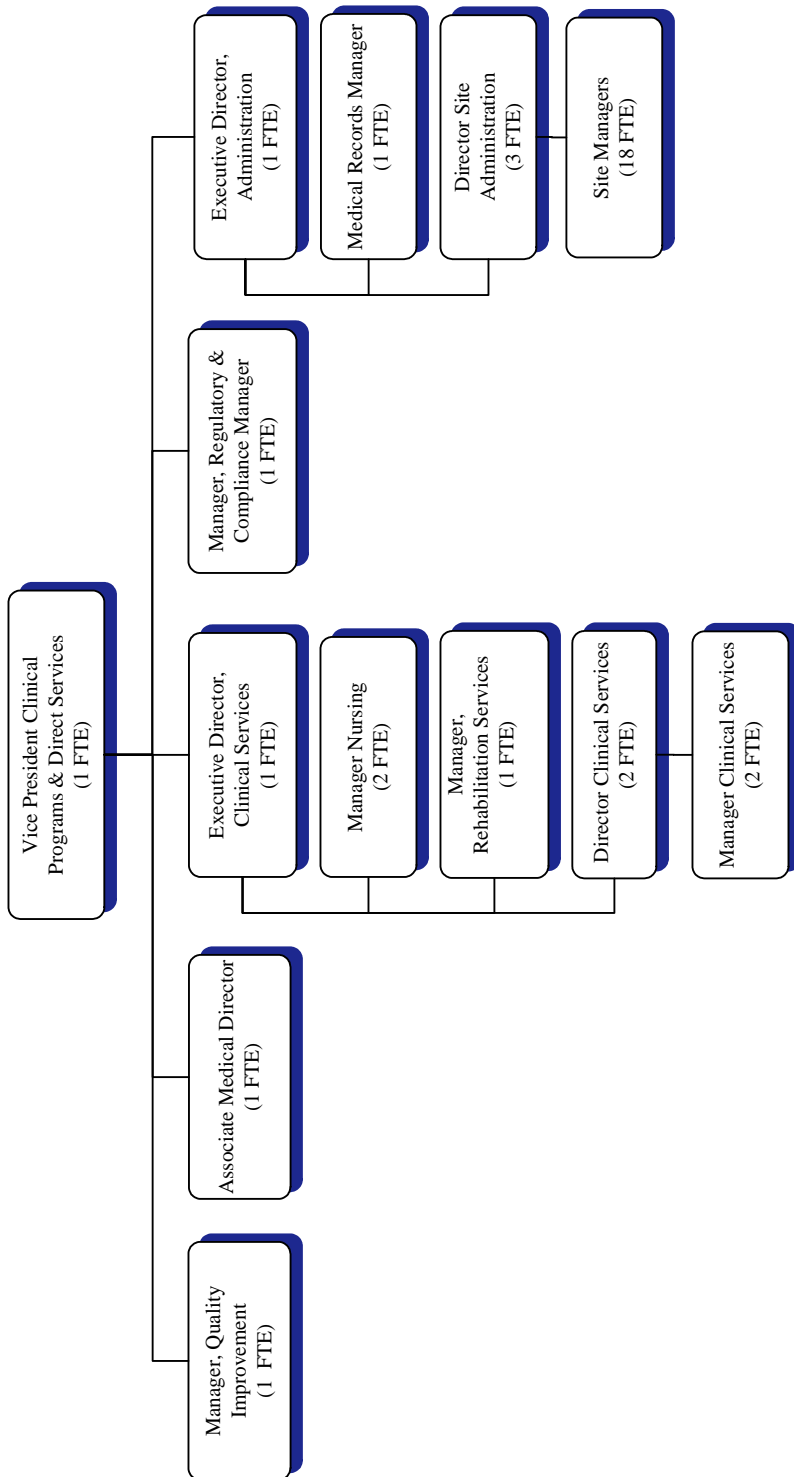
**VALUEOPTIONS PHOENIX SERVICE CENTER
CHIEF CLINICAL OFFICER DIRECT REPORTS**



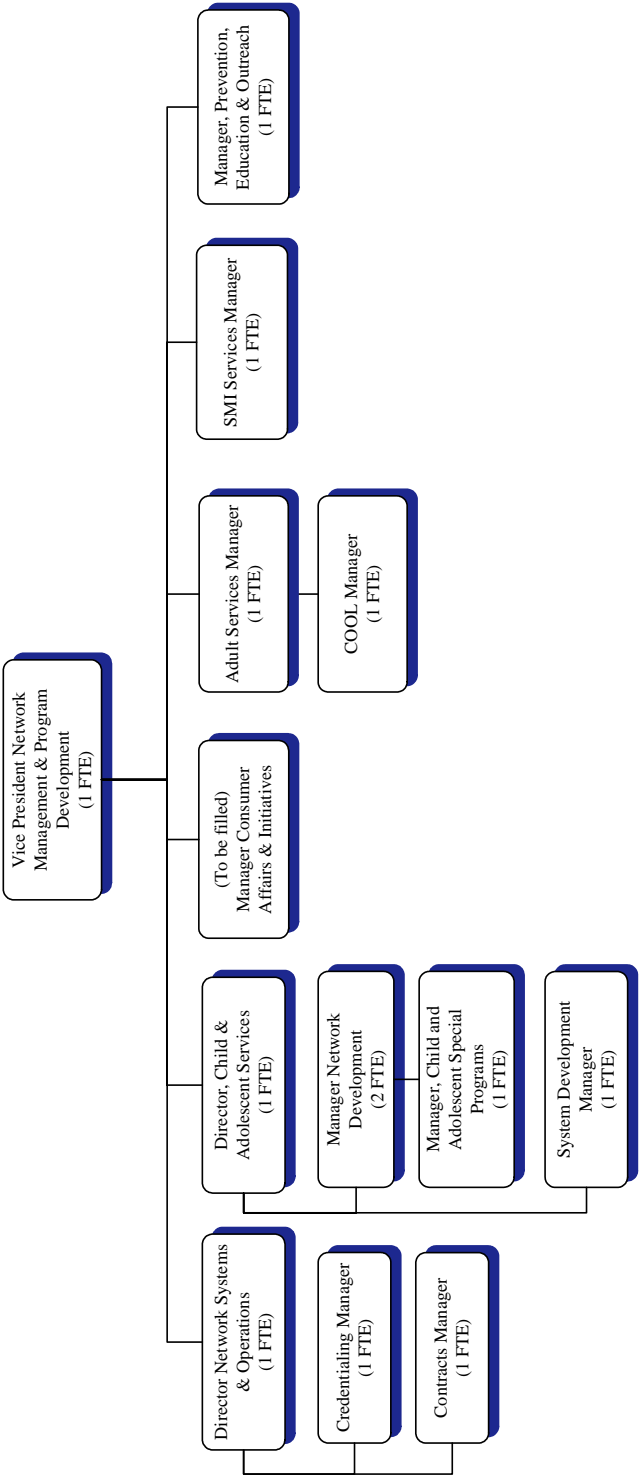
VALUEOPTIONS PHOENIX SERVICE CENTER RBHA CLINICAL OPERATIONS MANAGEMENT



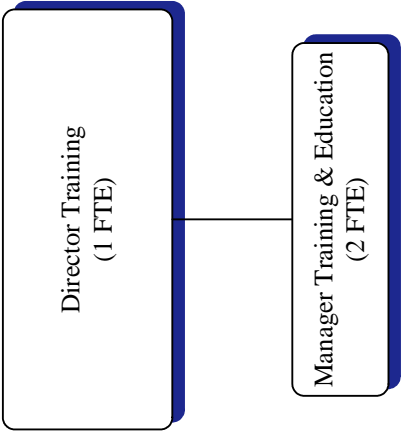
VALUEOPTIONS PHOENIX SERVICE CENTER CLINICAL PROGRAMS & DIRECT SERVICES MANAGEMENT



**VALUEOPTIONS PHOENIX SERVICE CENTER
NETWORK MANAGEMENT**



**VALUEOPTIONS PHOENIX SERVICE CENTER
TRAINING DEPARTMENT MANAGEMENT**



Full Time Employees by Functional Area

Department	Function	FTE By Function	Total FTE
Executive	CEO Direct Reports	6	
Total Executive Staff (including CEO)			7
Medical	Medical Services	12	
	Pharmacy	12	
	Quality Management	38	
Total Medical Staff			62
Clinical	RBHA Clinical Operations	238	
	<i>Access Line</i>	<i>30</i>	
	<i>Customer Service/Evaluation</i>	<i>71</i>	
	<i>Crisis</i>	<i>87</i>	
	<i>Care Management</i>	<i>38</i>	
	<i>Utilization Management</i>	<i>5</i>	
	<i>Care Coordination</i>	<i>7</i>	
	Clinical Programs/Direct Services	1,336	
	<i>Clinical</i>	<i>21</i>	
	<i>Rehabilitation Services</i>	<i>6</i>	
	<i>Direct Care Clinical</i>	<i>1,286</i>	
	<i>Quality</i>	<i>12</i>	
	<i>Administration</i>	<i>11</i>	
	Network/Program Development	54	
	<i>Network Operations</i>	<i>15</i>	
	<i>Child & Adolescent Program Development</i>	<i>19</i>	
	<i>SMI Program Development</i>	<i>3</i>	
	<i>Adult Program Development</i>	<i>12</i>	
	<i>Prevention, Education, Outreach</i>	<i>3</i>	
	<i>Consumer Affairs</i>	<i>2</i>	
	Training	16	
	<i>Direct Care</i>	<i>9</i>	
	<i>Provider</i>	<i>6</i>	
	<i>Cultural Expert</i>	<i>1</i>	
Total Clinical Staff			1,644
Administrative	Human Resources	16	
	Special Projects	1	
	Technology/Information Systems	38	
	Reporting	4	
	Compliance	1	
	Finance	62	
	<i>Claims</i>	<i>26</i>	
	<i>Internal Audit</i>	<i>3</i>	
	<i>Patient Billing</i>	<i>10</i>	
	<i>Budget</i>	<i>2</i>	
	<i>Finance Services</i>	<i>16</i>	
	<i>Administrative Services</i>	<i>5</i>	

Department	Function	FTE By Function	Total FTE
Strategic Planning	Operational Integration	1	
	Community Relations	16	
	Community	4	
	Housing Acquisition/Property Management	4	
	Grants	5	
	Service Integration	3	
Total Strategic Planning Staff			17
Marketing/ Public Affairs	Total Staff	2	2
Total Administrative Staff			122

g. Organizational Structure

ValueOptions' organizational structure has supported marked growth and change during the past four years. For example, we have supported a 70 percent growth in the number of consumers served, the addition of a large number of advisory groups, the management of a network of approximately 100 diverse provider agencies, and the implementation of major initiatives such as the Arizona Model for Children. This organizational structure has allowed us to successfully stabilize, expand, and manage the comprehensive, integrated system of care and support that presently serves Maricopa County.

The growth and change has evolved to the point where the present organizational structure needs to be expanded and administrative processes enhanced to allow for:

- further unification of our many strategic planning processes,
- closer integration and coordination of departments,
- greater consistency and timeliness of communication, and
- improved clarity and responsiveness of decision-making and problem solving.

In addition, there will be increased support for staff as they carry out their responsibilities. To this end, we will be implementing an enhanced staff leadership training and mentoring program by July 1, 2004. Together with the expansion of the organizational structure and improvements in coordination processes, this program will enable more effective and efficient management of the behavioral health system.

This section describes the proposed organizational structure of the Maricopa County Regional Behavioral Health Authority (RBHA). This new structure will be implemented as of April 1, 2004, after discussion and approval with the Arizona Department of Behavioral Health Services/Division of Behavioral Health Services (ADHS/DBHS). This section also describes some of the methods that will be used to improve communication and integration among departments. Finally, this section illustrates how the proposed organizational structure supports *Arizona System Principles*, *Arizona Children's System Vision and Principles*, and *Principles for Persons with a Serious Mental Illness*.

Organizational Structure including Responsibility and Authority

The core executive leadership of the Maricopa County RBHA consists of the Chief Executive Officer and his direct reports. The following describes their responsibilities and authority.

The **Chief Executive Officer** is *responsible* for overall operations and administrative management of the Maricopa County RBHA. This responsibility includes establishing an overall vision and strategic plan, including guiding the implementation of system principles, ensuring the quality and effectiveness of clinical and administrative operations, managing the behavioral health system within budgetary goals, and overseeing the coordination of external relationships with all stakeholders. The Chief Executive Officer has *authority* over all clinical and administrative affairs within the Maricopa County RBHA.

The **Chief Administrative Officer** is *responsible* for directly overseeing all fiscal and administrative operations, including the areas of finance, human resources, claims payment and billing, information technology, and reporting. The Chief Administrative Officer's *responsibilities* include leading RBHA business operations; collaborating with the clinical and program staffs to ensure that high quality services are delivered within budget and that system principles are supported with financial resources; and determining information technology requirements and overseeing plans and budgets for implementation, production, and operation. The Chief Administrative Officer has *authority* over all daily administrative and fiscal operations. This includes decision-making authority for controlling fiscal expenditures and ensuring that operations support system requirements. In addition, the Chief Administrative Officer has authority to commit the RBHA to expenditures within the authority delegated by the Chief Executive Officer.

The **Chief Medical Officer** is *responsible* for ensuring that high quality, cost-effective clinical care is accessible. This includes serving as the principal medical manager and advisor to the Chief Executive Officer; providing medical leadership to clinical operations, provider relations, quality management, grievance and appeals, and customer service staff; promoting collaborative relationships with all stakeholders; and ensuring that system principles are integrated into medical leadership functions. The Chief Medical Officer *directly supervises* the Assistant Medical Director, Pharmacy Department Staff, and Quality Management Department staff. The Chief Medical Officer has medical *authority* over all RBHA and Direct Service clinical operations. It is within the Chief Medical Officer's *authority* to establish and approve all clinical policy and procedures and to make decisions regarding their implementation at system, department, staff and consumer levels.

The **Chief Clinical Officer** is *responsible* for overseeing all RBHA and Direct Service clinical operations, in close consultation with the Chief Medical Officer. This responsibility includes ensuring that all clinically-related functions are coordinated and cohesive in their design and implementation; collaborating closely with fiscal and administrative staff in the development and monitoring of clinical budgets; ensuring effective collaboration of all clinically-related departments with external and internal stakeholders; implementing the initiatives related to system principles; and ensuring that all clinical operations are in compliance with system requirements. The Chief Clinical Officer *directly supervises* the following staff:

- Deputy Clinical Officer—responsible for assisting the Chief Clinical Officer in the execution of his or her duties and coordinating across clinical departments and with fiscal, administrative, and quality units;
- Vice President of Clinical Operations—responsible for utilization management and care management, access line, crisis line, evaluation and customer service;
- Vice President of Clinical Programs and Direct Services—responsible for ValueOptions Direct Service Sites;
- Vice President of Network Management—responsible for network operations, program development and consumer affairs;
- Director of Training—responsible for all training, including provider, Direct Services, and RBHA administrative staff; and
- Cultural Expert—responsible for assisting the RBHA in designing and implementing delivery systems that are responsive to cultural needs.

The Chief Clinical Officer has *authority* over daily RBHA and Direct Service clinical operations, under the delegation of the Chief Medical Officer.

The **Vice President of Strategic Planning**, a newly created position, will be *responsible* for the development and ongoing refinement of a unified strategic plan that subsumes other plans developed by the RBHA. This position will also be responsible for assisting the Chief Executive Officer in cross-departmental coordination and communication in carrying out this unified strategic plan. This procedure will include developing overall and population-based strategic plans and assisting the Chief Executive Officer and his direct reports with driving system change, including the development, implementation, and monitoring of system change initiatives. The Vice President of Strategic Planning will *directly supervise* the Director of Operational Integration, which is also a newly created position. The Director of Operational Integration will be responsible for assisting the Vice President of Strategic Planning with the development and implementation of strategic planning; the implementation and monitoring of cross-departmental initiatives; the oversight of design and dissemination of internal communications materials; and the evaluation of the effectiveness of ongoing internal communication methods. In addition, the Vice President of Strategic Planning will directly supervise the Executive Director of Community Relations, who is responsible for housing acquisition and property management, grants, community relations and service integration. The Vice President of Strategic Planning will have *authority* over planning activities, internal communication, and the activities of the Community Relations Department.

The **Director of Marketing and Public Affairs** is *responsible* for creating, implementing, and overseeing communications with the larger community. This includes responding to all media inquiries; defining and maintaining corporate communication standards; ensuring that all presentations, print materials, Web-based and other vehicles are unified and professional; developing an external communications plan for public relations and stakeholder communication; overseeing the production and dissemination of all public relations material; overseeing the development and dissemination of all consumer and stakeholder communication materials; and coordinating with internal communications staff to ensure the consistency, coordination, and timeliness of internal and external communication. The Director of Marketing and Public Affairs has *authority* over all public relations and stakeholder communication activities.

Communication and Coordination between and within Departments

The Vice President of Strategic Planning will assist the Chief Executive Officer with communication and coordination between and within departments by:

- facilitating cross-departmental strategic planning,
- assisting the Chief Executive Officer in managing cross-departmental projects,
- assisting the Chief Executive Officer and his direct reports with cross-departmental communication,
- monitoring communication and coordination between departments and respond when indicated, and
- reviewing internal and external communication for accuracy and consistency.

In addition to the above position, the Chief Administrative Officer, Chief Clinical Officer, Deputy Clinical Officer, and Chief Medical Officer will play a vital role in ensuring that there is a cohesive approach to cross-departmental communication and coordination between all departments. A primary responsibility of this high-level management team will be to ensure close coordination and communication among their respective units so that staff, providers, ADHS/DBHS, and stakeholders receive unified, direct communication and decision-making.

The RBHA will utilize a variety of methods to ensure appropriate coordination and communication among departments, including the following:

Enhanced Committees

ValueOptions will structure our Quality Management/Utilization Management (QM/UM) committees to include a core group of managers, which will attend the Executive Management Team, QM/UM Committee, and three Population-specific Management Committees dedicated to Serious Mental Illness (SMI), Children and Adolescents, and General Mental Health/Substance Abuse (GMH/SA) services. The core group of managers will ensure cross-departmental input and involvement in all decisions regarding these program areas. The three Population-specific Management Committees will be overseen by the Chief Clinical Officer and will include all management staff involved in decision-making and implementation of system principles related to the three specific populations. The Vice President of Strategic Planning will assist the Chief Clinical Officer in facilitating the population specific committees, development groups to address committee issues, and monitoring of all related tasks.

Revised Meeting Structure

The meeting structure will be revised to include bi-monthly meetings for mid-management staff. The mid-management meetings will be used to disseminate information, answer questions, and receive feedback. In addition, the Chief Executive Officer will continue to conduct monthly meetings for his direct reports and the Executive Management Team. These meetings will be used to set priorities, communicate across departments, monitor performance, resolve problems and make decisions.

Integration of All Staff Units Involved in SMI Placement Decisions

All units responsible for residential services, housing, and community placements and discharge from the Arizona State Hospital and supervisory care homes will be integrated with the staff directly reporting to the Manager of SMI Placement, a newly created position. The SMI placement unit will be housed under the Vice President of Clinical Operations. This structure will lead to enhanced communication and coordination among staff and departments involved in SMI placement.

Role Definition and Departmental Interface Initiative

An initiative will be implemented to more clearly define departmental roles for Direct Service and administrative staff, including:

- developing and disseminating basic workflow charts between all departments and units that have significant interface by April 1, 2004;
- developing and disseminating an organizational chart that links personnel to primary tasks by April 1, 2004;
- facilitating a time-limited workgroup to identify needed enhancements to the communication and coordination protocols between work units; and
- identifying training needs within and across departments to support better interface.

The Vice President of Strategic Planning, in collaboration with Department Leads, will be responsible for overseeing this initiative.

Internal Communications Plan

An internal communication plan will be developed by April 1, 2004. The Director of Operational Integration will develop the plan with the oversight of the Vice President of Strategic Planning. The Director will be responsible for implementation and monitoring of the plan. The plan, at a minimum, will include:

- a description of all internal methods of communication, including purpose, method, frequency and audience;
- mechanisms for feedback loops within all levels of the organization and across departments;
- a protocol for quarterly revisions of the internal communication plan based on feedback; and
- a protocol for integrating internal communications with external communications.

The internal communication plan will consider the needs of target audiences, the type of information disseminated, and past experience with communication successes and challenges.

Enhancing the Use of Web-based and Electronic Communication

Enhanced communication of Web-based and electronic communication will include the development of more robust internal communication via e-mail. This new system will communicate electronically all new policy changes, system requirements, status on key initiatives, and upcoming training and meetings. In addition, the Intranet for ValueOptions staff will be enhanced to include meeting minutes, training materials, and project plans and status, at a minimum.

Support of Supervisors and Staff

Supervisors are critical in communication and coordination between and within departments. They will continue to disseminate information cross-departmentally and to their direct reports. The leadership-mentoring program will assist them in learning effective internal communication skills including communication with peers, supervisors, and direct care staff. In addition, staff will continue to be surveyed regarding satisfaction. They will be surveyed for feedback on the communication processes within the organization and their training needs.

Structural Support for System Principles

ValueOptions' structure has been purposefully designed to support the *Arizona System Principles*, *Arizona Children's System Vision and Principles* and *Principles for Persons with a Serious Mental Illness*. We have accomplished this structure by:

- creating dedicated positions and units whose sole job is to oversee the implementation of the principles,
- clearly defining senior management's responsibilities and authority related to the implementation of the principles, and
- ensuring that all levels of the organization are structured to support the infusion of the principles into care delivery systems.

Specific examples of how our structure supports these principles include:

Accountability

The Chief Medical Officer and Chief Clinical Officer are responsible for ensuring that the principles are implemented, that all departments within the RBHA understand the principles, and that all policies, procedures and clinical initiatives are based on the principles. In addition, they are responsible for monitoring—in collaboration with fiscal, administrative and quality management staff—the performance of the system related to implementation of the principles. Lastly, these two positions have final authority and responsibility for the implementation of the principles under the oversight of the Chief Executive Officer.

Dedicated Staff

Child/Adolescent Staff: ValueOptions has an entire unit dedicated to the implementation of the Arizona Children's System Vision and Principles. The Director of this unit and his chain of command are directly responsible for implementing the new Arizona Model for Children. This unit has been recently expanded to ensure that the Model is implemented in a timely manner and that there are sufficient resources to accomplish this mission. In addition, ValueOptions' Children's Medical Director is involved in all children's clinical programs and related quality management/utilization management activities. In addition to the dedicated staff described above, ValueOptions has numerous positions and/or units within our structure that are heavily involved in implementing the Arizona Model for Children. They include the Vice President of Clinical Operations, Care Coordination Unit, Child/Adolescent Residential Unit, crisis staff involved in the child/adolescent crisis system, and quality management staff monitoring the providers who serve children and adolescents.

Adult Staff: ValueOptions has dedicated staff to support the principles for adults with serious mental illness, and general mental health and substance abuse disorders, including adults with co-occurring disorders. These include the Rehabilitation Services Manager and staff members dedicated to implementing the rehabilitation model and recovery principles in ValueOptions Direct Service Sites and the RBHA provider network and who provide technical assistance to the 36 Rehabilitation Specialists located at the ValueOptions Direct Service Sites; the Adult Services Manager responsible for ensuring that the system principles are incorporated into services for adults with general mental health and substance abuse disorders; and the SMI Services Manager responsible for ensuring that the system principles are incorporated into services for adults with a serious mental illness.

Vice President of Strategic Planning: The Vice President of Strategic Planning position was developed to assist the Chief Executive Officer and his direct reports in ensuring that initiatives related to the principles are integrated within the context of

an overall strategic plan and are effectively monitored within that context. This position will facilitate cross-departmental planning and problem solving related to implementation of the principles.

In addition, the Population-specific Management Committees dedicated to Serious Mental Illness (SMI), Children and Adolescents, and General Mental Health/Substance Abuse (GMH/SA) services will coordinate and monitor the activities of all staff involved in implementing the system principles by population, under the direction of the Chief Clinical Officer.

Integration

ValueOptions has integrated the departments and units responsible for implementing the principles and for performing related functions. We have implemented this integration to increase the coordination and effectiveness of staff involved in supporting the principles. Specific examples include:

- bringing the units dedicated to implementing the Arizona Model for Children under a Director of Children/Adolescent Services,
- integrating all staff and units involved in placement decisions for consumers with serious mental illness,
- realigning the Corrections Officer/Offender Liaison (COOL) program to report to the Adult Services Coordinator, and
- bringing the Rehabilitation Unit under the Executive Director of Clinical Services for ValueOptions Direct Service Sites.

The Chief Medical Officer and Chief Clinical Officer are responsible for ensuring that the system principles are effectively supported and that performance indicators and outcomes are aligned with system principles.

Revised Committee Structure

As discussed above, we are expanding our committee structure to include three Population-specific Management Committees dedicated to Serious Mental Illness (SMI), Children and Adolescents, and General Mental Health/Substance Abuse (GMH/SA) services. The Chief Clinical Officer will oversee these committees and will be responsible for ensuring that all committee work supports the principles. Each respective committee will consist of key staff members involved in implementing the principles for that specific population. Committees will ensure that internal operations in all departments support the principles through cross-departmental representation of staff at multiple levels of the organization, including senior staff. They will also evaluate progress towards achieving the principles, identifying needed corrective actions, and developing strategies to overcome barriers.

h. Resumes and Job Descriptions

As requested, resumes for all required employee positions outlined in the Request For Proposals are included in this section. If a position is not currently filled, we have submitted a job description with the minimum qualifications for that position, as requested.

The following table summarizes the resumes and job descriptions included in this section.

RFP Required Positions	Name	ValueOptions Title
<i>Key Personnel Positions Required in the Request for Proposals</i>		
Chief Executive Officer	Michael R. Zent, PhD	Chief Executive Officer
Medical Director	William C. Bonfield, MD	Chief Medical Officer
Chief Financial Officer	John D. Cowan	Vice President/Chief Financial Officer
<i>Staff Positions Required in the Request for Proposals</i>		
Clinical Operations Administrator	See Job Description	Chief Clinical Officer
Quality Management Manager	Stephen H. Braun, PhD	Vice President, Quality Management
Utilization Review Manager	Mary Jo Whitfield, MSW	Vice President, Clinical Operations
Information Systems Manager	Steve Myers	Chief Technology Officer
Customer Services Manager	Jayne Syracuse	Director, Customer Service, Intake and Evaluation
Provider Services Manager	Elizabeth A. Garcia, MSW	Vice President, Network Management and Program Development
Claims/Encounters Administrator	Charles E. Schultz	Director, Claims
Grievance and Appeals Manager	See Job Description	Manager, Grievance and Appeals
Training Manager	Addam Gross	Director, Training
Pharmacy Manager	Suzanne Berman, RPh	Executive Director, Pharmacy
Corporate Compliance Officer	Cynde Davis, CPA	Director, Arizona Compliance
Child Welfare Expert	Louise M. Campbell	Agency Liaison/Systems Developer
Cultural Expert	See Job Description	Cultural Expert
Children's Medical Director	William A. Fulton, MD	Assistant Medical Director
COOL Program Manager	James de Jesus	COOL Program Manager
<i>Staff Responsible for Required Liaison Functions in the Request for Proposals</i>		
Arizona State Hospital Liaison	Blythe FitzHarris	SMI/Exit Stipulation Coordinator
Human Rights Liaison	Kathy M. Aguilar	Risk Management Manager/Paralegal
Interagency Liaison	Margaret Trujillo	Service Integration Officer
Health Plan Liaison	Shannon Serrano	Manager, Clinical Services Access Line
Emergency Response Liaison	Michael R. Prudence	Vice President/Chief Administrative Officer

Michael R. Zent, PhD
ValueOptions Chief Executive Officer
RFP Key Personnel: Chief Executive Officer

E D U C A T I O N

University of Texas at Austin <i>PhD, Sociology</i>	1985
Arizona State University <i>Master of Arts, Sociology</i>	1981
Arizona State University <i>Bachelor of Arts, English</i>	1970

S I G N I F I C A N T A C C O M P L I S H M E N T S

A dedicated Public Health professional committed to improving mental health services and substance abuse services for adults, children, and culturally diverse populations. Successfully worked under contract with the Arizona Department of Health Services and has effectively planned and distributed \$400 million in Medicaid, and other state and federal funds for mental health, drug abuse and alcohol services. Under a risk- and performance-based contract, ValueOptions, Inc. has successfully managed care for over 400,000+ Medicaid-eligible individuals with over 50,000 active clients.

Under my leadership, ValueOptions, Inc., as the Maricopa County Regional Behavioral Health Authority (RBHA), has produced innovative, nationally recognized model programs, which have included:

- Innovative Recovery-Oriented Programs
 - Implemented Countywide Children and Family Team Model through Comprehensive Service Providers
 - Peer Support Programs
 - Housing Development
 - Pharmacy Management Programs
 - The Cultural Competency Program
 - The Family Recovery Project for Children and Families
 - The Comprehensive Case Management Plan
-

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

1999 to Present

CHIEF EXECUTIVE OFFICER

Provides leadership and direction to the overall operation of the RBHA, a managed care behavioral health and network management program for persons diagnosed with a serious mental illness in Maricopa County. Responsible for providing all levels of behavioral health care including clinical case management, developing and managing provider networks, creating and overseeing an extensive quality improvement system for all program components, and providing administrative services including claims payment, benefit advocacy and member services. Directs and supervises an executive management team including medical directors, operational vice presidents and directors responsible for the delivery of quality management, networks, regional operations, clinical operations and communication. Collaborates with the Arizona Department of Health Services/Division of Behavioral Health Services regarding program direction,

implementing internal management structures to achieve programmatic and financial objectives. Directs the coordination of program development and services with other agencies.

Community Partnership of Southern Arizona

Tucson, Arizona

1995 to 1999

CHIEF EXECUTIVE OFFICER

Overall responsibility for five-county public sector managed care organization. Implemented risk and performance-based contracts for behavioral health. Directed planning and distribution of Medicaid and other state and federal funds for community mental health, drug abuse, and alcohol services. Managed annual budget of \$60 million. Supervised development of programs and networks, issued RFPs, selected providers, and developed contracts.

Southeastern Arizona Behavioral Health Services, Inc.

Tucson, Arizona

1990 to 1995

EXECUTIVE DIRECTOR

Overall responsibility for a four-county Regional Behavioral Health Authority agency overseeing the planning and distribution of funds for community mental health, drug abuse and alcohol services. Managed an operating budget of \$2 million and approximately \$10 million in contract funds. Supervised 75 staff. Supervised program development, proposals, contracts and all related activities. Provided regional coordination of services. Managed the Title XIX capitation program for Seriously Mentally Ill adults and Severely Emotionally Disturbed children.

La Frontera Center, Inc.

Tucson, Arizona

1987 to 1990

DIRECTOR, RESEARCH AND EVALUATION

Responsible for Budget and Finance, Management Information Systems, office automation, development of grants and proposals, contract negotiation and monitoring, and program evaluation. La Frontera is a nonprofit community-based behavioral health agency with 250 employees and a \$9 million annual budget.

H O N O R S / A F F I L I A T I O N S / C O M M U N I T Y A C T I V I T I E S

- Arizona Juvenile Justice Committee
- National Sociology Honor Society
- American Sociological Association
- Society for the Study for Social Problems
- Phi Kappa Phi
- Institute of Mental Health Research
- RBHA's Cultural Competency Committee
- Community Advisory Board
- Arizona Behavioral Health Community Forum
 - U.S. Department of Justice Stipend, Inter-University Consortium for Political and Social Research, summer Training Program, Quantitative Analysis of Crime and Criminal Justice, Ann Arbor, Michigan, Summer 1984.

P U B L I C A T I O N S

- "A Year of Change for Mental Health in Arizona," Journal of Mental Health Technology, Fall, 1984.
- "A Cross-Cultural Assessment of Early Cross-Gender Behavior and Familial Factors in Male Homosexuality," (with Fred Whitam) Archives of Sexual Behavior 13, No. 5, October, 1984:427-39.
- "Sex and Mental Disorder: A Reappraisal," Sociological Focus 17, April, 1984:122-136.

William C. Bonfield, MD, MPH
ValueOptions Chief Medical Officer
RFP Key Personnel: Medical Director

E D U C A T I O N

Diplomate in Psychiatry with Added Qualifications in Geriatric Psychiatry <i>American Board of Psychiatry and Neurology, Certificate # 0884</i>	<i>1994</i>
Diplomate, American Board of Medical Management, Certificate # 1010	<i>1989</i>
Fellow, American College of Physician Executives	<i>1989</i>
Diplomate in Psychiatry <i>American Board of Psychiatry and Neurology, Certificate #21812</i>	<i>1981</i>
Residency in Psychiatry, Good Samaritan Hospital, Phoenix, Arizona	<i>1977</i>
University of Hawaii <i>Master, Public Health, Health Planning</i>	<i>1974</i>
Internship, Family Practice Program, Good Samaritan Hospital, Phoenix, Arizona	<i>1972</i>
Northwestern University Medical School <i>Doctor of Medicine</i>	<i>1971</i>
Northwestern University Medical School <i>Bachelor, Medical Science</i>	<i>1968</i>

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

1999 to Present

CHIEF MEDICAL OFFICER

Responsible for medical oversight of all clinical services. Member of executive management team making policy decisions regarding medical budget, program design, and strategic projects. Operational responsibilities include chair of multiple advisory committees, supervise 10 doctoral level positions providing Utilization Management, Quality Management and Serious Mental Illness eligibility determinations. Responsible for pharmacy department with annual budget in excess of \$50 million.

Behavioral Health, Inc.
Baton Rouge, Louisiana

1991 to 1999

SENIOR VICE PRESIDENT

1991 to 1999

Served as Senior Vice President over both mental health managed care and treatment divisions of not-for-profit community hospital organization. Participated on the senior management team, strategic planning and liaison with other companies in the integrated delivery system. Simultaneously held the positions below during the time periods noted.

EXECUTIVE MEDICAL DIRECTOR,
MANAGED CARE DIVISION

1994 to 1999

Supervised clinical staff, wrote the policies and procedures for all departments except claims, and participated in proposal presentations to prospective clients. Prepared MBHO for NCQA review as delegated entity of full service HMO. HMO received three-year full accreditation. Led Quality Assessment and Improvement Program including the development of data warehouse for storage and query of Quality Information data. Successfully addressed coordination of care with HMO by placing social workers in Primary Care Physician practices. Practiced psychiatry in the family practice residency clinic, led Balint Group and assisted in preparing Behavioral Science curriculum.

LOUISIANA STATE MEDICAL DIRECTOR, MERIT BEHAVIORAL CARE

1993 to 1999

Served as the Medical Director when Behavioral Health, Inc. and Biodyne entered into a mutual contract managing behavioral health benefits for State employees. Staffed cases with case managers, did denial determinations, physician-to-physician reviews and second level appeals. Implemented a system to case manage patients with dissociative disorders which resulted in decreased utilization and improved clinical outcomes. Served as a member of MBC National Medical Affairs Committee which developed strategies to address company-wide clinical issues.

MEDICAL DIRECTOR, BEHAVIORAL HEALTH UNIT

1991 to 1993

Provided clinical supervision of three psychiatrists and participated in unit management, including the preparation for JCAHO, liaison with community hospital and with the LSU Medical School Geriatric Psychiatry Fellowship Program. Led the task force that consolidated and streamlined medical records which resulted in significant reductions in variances between the behavioral health and chemical dependency units. Resolved, successfully, problem behavior by a physician. Designed and implemented a one month rotation in psychiatry for emergency medicine residents.

Charter Hospital

Charlottesville, Virginia

1990 to 1991

MEDICAL DIRECTOR

Managed the contractual relationships with Primary Care Physician and specialty groups which provided physical health care. Chaired the Quality Assurance Committee and reoriented the quality assurance system to Continuous Quality Improvement.

Private Consulting Practice

Phoenix, Arizona

1979 to 1990

In addition to clinical and forensic practice, held part-time contract positions over periods ranging from one to six years:

Senior Clinical Consultant, Arizona State Hospital

1987 to 1990

Designed and implemented quality improvement system that directly resulted, in 1993, in the organization's accreditation by JCAHO without contingencies for the first time in its history, and, in 1996, the hospital scoring a perfect 100% on its JCAHO survey.

Vice President of Medical Affairs, St. Luke's Behavioral Health System

1983 to 1989

Primary Psychiatric Consultant, Arizona Board of Medical Examiners

1984 to 1989

Psychiatrist Member, Independent Professional Review Team, State of Arizona

1980 to 1983

Associate Director for Psychiatric Services, Community Behavioral Services

1979 to 1982

Medical Director, Phoenix South Community Mental Health Center

1977 to 1979

John D. Cowan
ValueOptions Vice President/Chief Financial Officer
RFP Key Personnel: Chief Financial Officer

E D U C A T I O N

Arizona State University <i>Bachelor of Science, Business Administration</i>	1977
Certified Internal Auditor	1988
Certified Financial Services Auditor	1997

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

2001 to Present

VICE PRESIDENT/CHIEF FINANCIAL OFFICER

Directs the overall financial planning processes, accounting practices, claims processing, contract processes, billing office and facility/purchasing functions of the service center. Provides leadership designed to maximize the service center's financial position through the development of sound budgeting practices, controls, trending and projection. Oversees financial and accounting system controls and standards and ensures timely financial reports for management and/or the Arizona Department of Health Services. Responsible for the preparation, presentation and interpretation of internal and external financial reports. Oversees/coordinates daily finance activities of the service center through supervision of the service center finance staff. Assists in the development, implementation and direction of the internal and provider audit program/function. Coordinate activities with Chief Administrative Officer and executive management to ensure the delivery of high quality service within budget and that all financial objectives are met.

Developmental Behavioral Consultants, Inc. (DBC)
Tempe, Arizona

2000 to 2001

CHIEF EXECUTIVE OFFICER

Provided leadership and management of all financial and service operations of the organization. Supervised the Division of Developmental Disabilities and Division of Health Service licensing procedures and requirements for fourteen child/adolescent therapeutic group homes and outpatient facility. Developed and monitored the financial budget and all company policies and procedures. Served as public representative and handled all legal and contractual matters.

ValueOptions/Alternative Behavioral Services of Arizona
Phoenix, Arizona

1999 to 2000

VICE PRESIDENT, SITE ADMINISTRATION/ACTING CHIEF OPERATING OFFICER/
VICE PRESIDENT, FINANCE AND ADMINISTRATION

Provided overall leadership and managed all operational aspects of 20+ clinical sites, administrative departments and fiscal services departments to ensure effective compliance with financial and staffing budgets, coordination of clinical and case management services, and staff supervision. Served as liaison with community and state organizations. As the acting Chief Operating Officer, was responsible for directing all activities of ABS of Arizona operations within the framework of the established philosophy, objectives and policies established by the Chief Executive Officer of ABS.

ComCare, Inc.
Phoenix, Arizona

1995 to 1999

DIRECTOR OF BUDGET AND FINANCE MANAGER – AUDIT DEPARTMENT

Developed, planned, organized, and performed the provider financial/compliance audit function within the Regional Behavioral Health Authority for Maricopa County. Developed the Medicare review process to authenticate billings and documentation. Additional responsibilities included performing duties of the Director of Budget and Finance, Housing Department Manager and Manager of the Billing and Claims Department.

Express America Holdings Corporation
Scottsdale, Arizona

1993 to 1995

VICE PRESIDENT, INTERNAL AUDIT

Managed the internal audit department and reported functionally to the audit committee of the Board of Directors and administratively to the President. Responsibilities included the planning, organizing, and internal audit activities throughout mortgage-banking corporation. Coordinated appropriate contacts with the company's public accountants.

First Interstate Bank of Arizona
Phoenix, Arizona

1989 to 1992

**ARIZONA SECURITY DIRECTOR
ASSISTANT VICE PRESIDENT**

1991 to 1992

Responsible for the physical protection and security of the bank's property and assets in Arizona. Recommended and implemented all policies and procedures relating to the internal and external integrity of the bank's security systems. Managed the investigation of all losses due to internal and external fraud or other criminal activity affecting Arizona offices.

**AUDIT MANAGER
ASSISTANT VICE PRESIDENT**

1989 to 1991

Assisted in the development, implementation and maintenance of a comprehensive audit function. Coordinated and directed the development of assigned audit activities. Performed final review of audit work papers prepared by staff. Issued detailed reports presenting any irregularities or exceptions to Senior Management and presented significant issues to the Board of Directors when needed.

VALUEOPTIONS Job Description

Title: Chief Clinical Officer	Reports To: Chief Executive Office
Exempt/Non-Exempt: Exempt	Effective Date:
Location: Arizona (Phoenix)	Department: Clinical Operations

General Summary: Plans, organizes, and directs all clinical operations, including Regional Behavioral Health Authority (RBHA) clinical operations,, ValueOptions Direct Service Sites, Network Management and Program Development, Training, and Cultural Expertise departments. Responsible for working closely with the Chief Medical Officer to ensure that the Arizona principles are achieved through program design, delivery, and monitoring.

Essential Duties and Responsibilities:

1. Develops and implements departmental goals and objectives that support organizational goals and objectives and strategic priorities.
2. Responsible for maintaining an effective working relationship with and meets the needs of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS), corporate leadership, and all departments within the RBHA.
3. Directs the development and implementation of clinical policies and procedures in accordance with contractual obligations and ensures that members receive appropriate care through network providers.
4. Ensures stakeholders participation from consumers, advocacy organizations, public officials and state agencies.
5. Monitors utilization trends and facilitates performance improvement plans to achieve most efficient use of resources. Uses advanced utilization management technologies including performance feedback, consultation, implementation of evidence based practices and outlier management.
6. Responsible for management of the delivery of all engagement treatment, rehabilitation and support services operated by the RBHA to assure an overall system of care.
7. Ensures compliance with all local, state and federal regulations as they relate to treatment and rehabilitation services and third party reimbursement.
8. Develops and monitors clinical services budgets.
9. Assists with the development of alternative funding sources and grant applications and ensures effective implementation and management of new programs.
10. In conjunction with the Chief Medical Officer, facilitates the implementation of clinical training and ensures compliance with clinical policies and procedures.
11. Collaborates and coordinates with Human Resources in employee recruitment, retention and development needs.

Minimum Qualifications:

Education: Master's Degree in Behavioral Health Related Field

Licensures: Must be licensed in the state of Arizona as a Psychiatrist, Psychologist, Clinical Social Worker or Registered Nurse or have Eight Years combined education and experience in a Mental Health related field (Minimum Master's Degree)

Relevant Work Experience: Position requires 7 - 10 years experience in progressively responsible leadership positions in the behavioral healthcare field or human services sector. A sound knowledge of managed care clinical programs, Medicaid, and management/service delivery. A minimum of 5 years post graduate experience in clinical delivery of services. A minimum of 3 years supervisory experience in the behavioral health field and operational experience supervising a diverse staff performing multiple operations. Extensive program development experience.

Stephen H. Braun, PhD
ValueOptions Vice President, Quality Management
RFP Key Personnel: Quality Management Manager

E D U C A T I O N

University of Missouri, Columbia <i>PhD, Clinical Psychology (APA Approved Program)</i>	1970
Veteran's Administration Hospital, Palo Alto, California <i>Clinical Psychology Internship (APA Approved Program)</i>	1968 - 1969
Washington University, St. Louis <i>Master, Clinical Psychology</i>	1965
Washington University, St. Louis <i>Bachelor, Psychology</i>	1964

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

1999 to Present

VICE PRESIDENT, QUALITY MANAGEMENT

Directs the Regional Behavioral Health Authority's Quality Management Program, and serves as Chairperson of the Quality Improvement Steering Committee. Develops, implements and directs the Quality Management Program Description and Work Plan. Directs the operations of the following departments: Reporting and Analysis, Provider Monitoring, Performance Improvement, Outcome Evaluation, Risk Management, Grievances and Appeals, Legal Counsel, HIPAA and Regulatory Compliance. Directs the development and implementation of database and reporting capabilities for all areas of assigned responsibility.

Value Behavioral Health and ValueOptions Corporate Office
Falls Church, Virginia

1997 to 1999

VICE PRESIDENT QUALITY MANAGEMENT

Developed and directed corporate standards, goals and objectives, policies and procedures, and operational strategies for the Public Sector Quality Management Program. Developed and implemented annual work plans for the corporate office and Public Sector regional operating units. Provided sales and marketing support, responded to requests for proposals, and participate in presentations. Developed and administered the corporate budget for Public Sector Quality Management. Monitored compliance with external regulatory and contractual requirements, and with National Commission on Quality Assurance (NCQA) standards. Directed the evaluation of Public Sector care and services, including: access to care; appropriateness of care; under- and over-utilization; medical record audits; complaints, grievances and appeals; critical incidents; credentialing; provider profiling; consumer and family satisfaction; and provider satisfaction. Directed the preparation of standard and ad hoc management information system reports, including statistical analyses. Provided clinical and programmatic consultation to corporate staff and local service providers.

Community Partnership of Southern Arizona, Inc.
Tucson, Arizona

1995 to 1997

DIRECTOR, CLINICAL SERVICES

Developed and directed the Quality Management Program for the Regional Behavioral Health Authority, including provider compliance monitoring, operational performance indicators and provider profiling, compliance with Arizona

Department of Health Services regulations and standards, facilities licensing, and professional credentialing. Developed and directed the Utilization Management Program, including level of care criteria, prior authorization and concurrent review operations. Developed and directed the Intensive Case Management Program, including admission and discharge criteria, case management protocols, and coordination of care with local service providers and State agencies. Developed and directed Management Information System operations, including system requirements for mainframe and local area network computers and databases, transfer of data to, and reconciliation of data with, the Arizona Department of Health Services, and the development of standard management reports and ad hoc queries.

Arizona Health Care Contract Management Services

Phoenix, Arizona

1991 to 1995

VICE PRESIDENT, OPERATIONS AND CLINICAL SERVICES

Directed operations and clinical services for private for-profit behavioral health care corporation, including inpatient, residential, outpatient and home-based programs for seriously mentally ill adults, developmentally disabled adults, children and adolescents, and adjudicated juveniles. Developed corporate policies and procedures for administration and operation of programs. Administered corporate budget for programs. Directed and provided clinical supervision for all program staff. Developed and administered clinical records system for all programs. Directed quality management and utilization management operations. Developed and administered personnel policies and procedures for the corporation, and administered personnel operations for all program staff. Negotiated and administered contracts with professional staff, government and private agencies. Developed and administered computer-based management information systems for corporate billing, client tracking and personnel management. Directed and administered licensure and accreditation operations for all programs.

Arizona Department of Health Services

Phoenix, Arizona

1988 to 1991

CHIEF, BUREAU OF MANAGEMENT INFORMATION SYSTEMS, RESEARCH AND EVALUATION DIVISION OF BEHAVIORAL HEALTH SERVICES

Directed the operation of the Behavioral Health Management Information System, which was implemented in behavioral health programs throughout the state in order to provide information for program monitoring, contract compliance, client assessment, case management, client tracking, treatment outcome evaluation, quality management, program efficiency assessment, and needs and resource assessment. Analyzed program evaluation data. Recommended Departmental policy based on analysis of data.

Mary Jo Whitfield
ValueOptions Vice President, Clinical Operations
RFP Key Personnel: Utilization Review Manager

E D U C A T I O N

Arizona State University
Master, Social Work

1999

University of Nevada
Bachelor of Arts, Sociology

1976

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

1999 to Present

DIRECTOR, CLINICAL ADMINISTRATION

2000 to Present

Oversees and manages day-to-day operations of Access Line, Crisis Line, Crisis Providers, Care Management, Care Coordination Team, Customer Service, Evaluation, Rapid Response Team and Utilization Management. Developed 16-member Rapid Response Team specially trained to respond to hospitals' requests for behavioral health services from the emergency room. Created two specialty mobile teams focused on stabilizing the placement of children under Child Protective Services (CPS) care and developmentally disabled adults, children in group homes, foster care and/or their relative placement, thus preventing them to seek higher levels of care. Introduced the "Housing for Success" Program which provides consumer roommate compatibility services, recovery-oriented workshops, home management and additional training skills. Implemented the 24-Hour Response Team for DES-trained to respond within 24 hours by offering recommendations and assessment for children and adolescents removed from their homes by CPS. Collaborated with CPS District One Manager to create the RBHA Child Placement Review Process. Collaboration established with Networks Department to provide Crisis Intervention Training to law enforcement officers. Created a manual for CPS regarding how to access the crisis system. Developed feedback loops to improve customer service with providers and other internal departments. Developed a company-wide internship program designed to recruit bicultural/bilingual staff, who are enrolled in ASU's School of Social Work. Participated in the development of a new intake, assessment, service plan and annual update introduced by the Arizona Department of Health Services (ADHS). Responsible for oversight of the day-to-day operations of the Customer Service Department.

COMCARE/Maricopa Clinical Management
Phoenix, Arizona

1992 to 1999

MANAGER, INFORMATION AND REFERRAL,
CUSTOMER SERVICE, ADULT EVALUATION

1995 to 1999

Designed, implemented and continued to supervise the access to care system for persons seeking behavioral health care in Maricopa County. Developed, implemented and continued to supervise a section which provides problem resolution services to COMCARE members, legislators, Arizona Department of Health Services/Division of Behavioral Health, family members, other State agencies, and the community at large. Disseminated information and trended customer service outcomes. Provided supervision to the Adult Evaluation Unit, which performs evaluations to persons applying for services.

AREA DIRECTOR, CHILD AND ADOLESCENT

1992 to 1995

Managed the Children's Intensive Case Management Clinics, which served the Southwest geographic service area of Maricopa County. Focused on serving children in the least restrictive environment. Substantial contact with the support of clients and their families, coordination with community providers and State agencies serving children. Applied managed care principles in a publicly funded environment. Resulted in a significant reduction in out-of-home placements. Supervised 55 people and had responsibility for program budgets and all other administrative functions.

Community Care Network

Phoenix, Arizona

1986 to 1992

SITE COORDINATOR/CHILD AND ADOLESCENT

1989 to 1992

Managed children's multidisciplinary teams, which provided case management and evaluations into care for seriously emotionally handicapped children. Instrumental in developing system of care to facilitate the implementation of Medicaid covered and State funded behavioral health services in the Northern Maricopa County for children.

PROGRAM MANAGER

1986 to 1989

Responsible for provider contract management for behavioral health services in North Maricopa County in order to fulfill contractual obligations with the Arizona Department of Health Services, Division of Behavioral Health.

Phoenix Indian Center

Phoenix, Arizona

1980 to 1986

ALCOHOL SPECIALIST II

Provided case management and substance abuse treatment to Native Americans and their families in Maricopa County.

Sojourner Center

Phoenix, Arizona

1982 to 1984

VOLUNTEER

1999 to 2002

Conducted and developed educational groups for victims of domestic violence on breaking the cycle of violence.

Steve Myers
ValueOptions Chief Technology Officer
RFP Key Personnel: Information Systems Manager

E D U C A T I O N

University of Phoenix <i>Master, Business Administration</i>	<i>Present</i>
University of Phoenix <i>Bachelor, Business Administration and Management</i>	<i>1994</i>
Community College of the Air Force <i>Associate of Applied Science, Criminal Justice</i>	<i>1992</i>
Community College of the Air Force <i>Associate of Applied Science, General Studies</i>	<i>1992</i>

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	<i>1999 to Present</i>
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CHIEF TECHNOLOGY OFFICER

Provides leadership and direction to a team of 45 technical MIS staff and 14 vendor staff. Directed the implementation of the Arizona Service Center's call and data center and the information systems/telecommunications infrastructure. Completed general construction three weeks ahead of schedule and 1M under budget while maintaining/supporting two temporary operating locations. Manages and directs PC help desk, PC support, LAN/WAN administration, telecommunications, reporting, training, business and application development to support 1500+ personnel at 23 locations. Develops, implements, and maintains information systems structure for two managed health care applications and 14 additional software applications. Designs and implements information systems for 120+ contracted providers and major networks. Identifies new trends in technology and advises senior executive management. Facilitates HIPAA compliance with networked providers, support agencies, and contractors and participates in overall strategy planning. Determines long-term information needs and develops overall strategy for systems development, hardware acquisition, and integration including mainframe, mini, micro, and client/server.

MIS Technologies

Scottsdale, Arizona	<i>1998 to 1999</i>
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SENIOR NETWORK CONSULTANT

Designed and installed information systems for clients in Phoenix, AZ, and Las Vegas, NV. Trained personnel on network operations, security, and programming issues. Developed Y2K initiatives for multi-location deployment. Served as project manager/director for large information systems projects. Managed IT funding resources for multiple entities and implemented auditing procedures. Interviewed and hired IT staff and provided remote leadership to start-up IT organizations.

Pinal County Department of Public Health

Coolidge, Arizona	<i>1997 to 1998</i>
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ADMINISTRATOR

Administered over 65 Arizona Department of Health Services, Department of Economic Security, and Federal health care contracts in Pinal County. Served as Chief Financial Officer controlling all county, state, and Federal funds; processed GL, AP/AR, and payroll functions; provided all fiscal reporting during contract years. Developed budgets for all contracts with revolving fiscal years and negotiated for funds. Managed 114 personnel at 11 sites; developed policies

and procedures supporting county operations. Served as the Information Systems Officer; directing all management of information system functions including Y2K, LAN/WAN, programming, staffing, and hardware acquisition.

Department of the Air Force

Colorado Springs, Colorado

1986 to 1996

CHIEF INFORMATION OFFICER

Managed information systems supporting the Air Force's wide-area network—linking over 300 sites world-wide into one integrated personnel system. Controlled over 5M in information systems equipment assets; 500+ systems and associated hardware. Responsible for reporting of personnel related information from data warehouses and mainframes. Served as project manager for the conversion of all regulations, policies, and procedures to electronic media. Utilized Standardized Generalized Mark-up Language to publish monthly CD-ROM disks and to LAN/WAN networks. Administered network operations supporting 600+ users through wide-area Novell Network. Managed reorganization of large sister organization and managed both information system and MIS teams while restructuring.

Jayne Syracuse
ValueOptions Director of Customer Service, Intake and Evaluation
RFP Key Personnel: Customer Services Manager

E D U C A T I O N

State University of New York/College at New Paltz <i>Bachelor, Psychology</i>	<i>1991</i>
The Westchester School of Paraprofessionalism <i>Certificate, Paralegal</i>	<i>1982</i>

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	<i>2000 to Present</i>
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DIRECTOR OF CUSTOMER SERVICE, INTAKE AND EVALUATION
2002 to Present

Responsible for management and performance of Customer Service, Eligibility, Evaluation and Extended Evaluation Program. Conducts monthly AHCCCS Health Plan meetings with AHCCCS Health Plan Behavioral Health Coordinators. Collaborates with ValueOptions internal and external stakeholders regarding consumer concerns and trouble-shooting strategies.

MANAGER OF CUSTOMER SERVICE	<i>2000 to 2002</i>
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Responsible for training and mentoring of supervisors. Hired, trained and monitored performance of Customer Service Team. Participated in Children's Network Readiness Reviews to provide input and technical assistance for Customer Service function. Served as interim Pharmacy Manager to provide daily guidance and direction to Pharmacy Customer Service Representatives.

PCS Health System, Inc. Phoenix, Arizona	<i>1999 to 2000</i>
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SUPERVISOR, CLIENT SERVICES DEPARTMENT

Responsible for monitoring and managing of Call Management System Report Data, Client Contact Survey Information and Departmental Performance Standards. Supervised Client Services/Customer Service Team. Served as a "change agent" for Client Services Department culture. Successfully completed Call Management System Training, Leadership Training and Building High Performance Teams Training. Collaborated daily with Management Team to share and to develop best practices for departmental tools, processes and procedures.

ComCare/CODAMA Phoenix, Arizona	<i>1991 to 1999</i>
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ASSISTANT MANAGER, EVALUATION DEPARTMENT	<i>1997 to 1999</i>
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Managed daily administrative and clinical functions. Responsible for approximately 35 employees. Actively implemented organizational policy. Stabilized work environment and increased motivation of employees after department was downsized by 50 percent of headcount. Effectively communicated and resolved issues with internal and external stakeholders.

INTERGOVERNMENTAL RELATIONS COORDINATOR	<i>1996 to 1997</i>
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Responsible for multi-agency budget. Increased collaboration among interagency team members. Attended Legislative Subcommittee meeting and served as Organizational Representative at Interagency Committee meetings. Served as chairperson for the Local Children's Coordinating Council. Communicated external stakeholder concerns and problem-

solving strategies to the Department Director. Provided Regional Behavioral Health Authority system training to employees of state agencies.

SUPERVISOR OF INFORMATION AND REFERRAL DEPARTMENT

1995 to 1996

Hired, trained and supervised employees. Provided performance management feedback to team. Demonstrated effective leadership and team-building skills. Provided clinical, administrative and system knowledge guidance on a daily basis. Liaisoned with internal department contacts to ensure most updated referral information available for team to provide to community and consumers.

INTAKE SUPERVISOR/LEAD EVALUATOR

1992 to 1995

Promoted amongst peers to lead team of evaluators. Supervised on-site clinical and administrative operations. Streamlined and implemented work processes to include three separate functions within one team. Responsible for Child/Adolescent Emergent and Routine evaluations in addition to Routine Adult evaluations. Conducted evaluations as needed to support consumer appointment availability within mandated timelines. Interfaced with internal and external partners to effectively communicate and to troubleshoot process and system issues.

INTAKE SPECIALIST/EVALUATOR

1991 to 1992

Conducted comprehensive assessments with children, adolescents and families seeking behavioral health assistance from the Regional Behavioral Health Authority. Served as member of Multidisciplinary Team lead by the team psychiatrist. Ensured appropriate treatment plan was developed and communicated to individuals, families and other stakeholders. Demonstrated exceptional ability to work as a team player as well as working independently. Chosen to assist supervisor of team due to demonstrated leadership ability with coworkers.

Elizabeth A. Garcia, MSW

*ValueOptions Vice President of Network Management and Program Development
RFP Key Personnel: Provider Services Manager*

E D U C A T I O N

Arizona State University
Master, Social Work

1989

Arizona State University
Bachelor, Social Work

1982

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

2000 to Present

DIRECTOR OF NETWORK MANAGEMENT

Responsible for the network management, which includes provider operations and program development for a managed, care organization in Phoenix Arizona. Maricopa County has a population of 3.2 million the organization's annual budget is \$400,000,000. Performs comprehensive analysis of provider network and program functioning, determining overall system and program design, service expenditures, contractual requirements, and monitoring approaches. Responsible for the design, implementation and monitoring of system initiatives such as cultural competency, evidence-based practices, child and family teams, co-occurring treatment, recovery, and peer and family support. Directing provider operations including communication, provider selection, credentialing, contract negotiations, and performance evaluation. Collects and analyzes multiple sources of data in order to assess the sufficiency of the provider network and conduct short and long range planning for system development. Oversees the network management and program development functions in the Seriously Mentally Ill, General Mental Health, Substance Abuse, Child/Adolescent, and Prevention and Outreach programs.

Pinal Gila Behavioral Health Association
Apache Junction, Arizona

1990 to 2000

CHIEF OPERATING OFFICER

Responsible for all program and clinical operations of a community based managed care organization. The two county areas had a population of 180,000; the annual budget was \$10,000,000. Managed program and clinical operations under a full risk contract. Developed and monitored standards of care for persons accessing the delivery system to assure accessibility and clinical appropriateness. Developed and implemented a nationally recognized utilization management system for adults and children. Initiated cultural competency across the provider network. Led a successful effort to accredit service delivery system by the Joint Commission for Accreditation of Healthcare Organizations. Managed provider network, including managing competitive bid processes, provider selection, contract negotiation, monitoring, credentialing and performance evaluation. Participated on the executive team and with the board of directors to develop the system budget and manage expenditures.

Maricopa Medical Center
Phoenix, Arizona

1988 to 1990

EMERGENCY ROOM SOCIAL WORKER

Counseled individuals and families experiencing medical and emotional crisis in a Level I trauma center. Many of the individuals were suffering from major traumatic life events such as rape, domestic violence, child abuse, battery, accidents, or chronic illness. The hospital served the indigent primary and the majority of the patients were from ethnic minority groups. Functioned as a Spanish translator for medical personnel. As part of discharge planning referred

persons in need to appropriate resources. Implemented a quality improvement activity that resulted in better care of domestic violence victims.

Citadel Care

Mesa, Arizona

1987 to 1988

SOCIAL SERVICE ASSISTANT

Reviewed individual's admission to determine family communication and financial resource needs. Referred persons to state and federal agencies for financial support, and worked closely with case managers. Disseminated information at multidisciplinary team conferences. Lead support groups for families. Completed discharge planning to assess and arrange home healthcare, meals, and medical needs.

United States Army

Fort Devins, Massachusetts

1984 to 1986

MEDICAL SPECIALIST

As a non-commissioned officer in the United States Army and medical specialist stationed at a combat support hospital the following training was received; basic combat training, Emergency Medical Training (EMT), medical training within a military hospital, and advanced field medical training as part of a combat support hospital. Assigned to the position of squad leader during combat maneuvers and deployment actions.

Charles E. Schultz
ValueOptions Director of Claims
RFP Key Personnel: Claims/Encounter Administrator

E D U C A T I O N

University of Pittsburgh
Bachelor of Science, Business Administration

1983

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

1999 to Present

DIRECTOR OF CLAIMS

2002 to Present

Directs all operations of the Claims Department, including Claims Research, Eligibility and Enrollment/Disenrollment, and Fraud/Abuse Units. Develops and implements policies and procedures, ensures compliance with applicable state and federal statutes and rules, serves as liaison to regulatory and funding agencies. Ensures timely auto and manual claims adjudication and payment to vendors. Provides training and technical assistance to vendors and internal customers. Participates in cross-departmental process improvement initiatives.

CLAIMS RESEARCH MANAGER

1999 to 2000

Responsible for management of the Claims Research Unit and the Enrollment and Disenrollment Units, including staff supervision and the development, implementation, and monitoring of departmental policies and procedures. Provided technical assistance to vendors regarding claims submission and correction. Ensured the timely submission and correction of encounters submitted to state payor agencies.

Arizona Department of Health Services (ADHS)
Phoenix, Arizona

1993 to 1999

FINANCIAL CONSULTANT III/BUSINESS OFFICE MANAGER
DIVISION OF BEHAVIORAL HEALTH SERVICES

1993 to 1999

Responsible for the administration of multiple funding sources including Medicaid, federal block grants, state funds, and county contracts. Responded to inquiries from the State Legislature and the Governor's Office. Prepared and tracked internal and external budgets. Directed the contractor payment process. Participated in strategic planning for the Division and the Department.

ADMINISTRATIVE SERVICES OFFICER III,
DIVISION OF BEHAVIORAL HEALTH SERVICES

1994 to 1999

Responsible for the management of the Office of Program Support Services, including the Arizona Health Care Cost Containment System (AHCCCS) Verification Unit, Provider Registration Unit, and Encounter Unit. Responsible for identifying and preventing Medicaid fraud and abuse. Interfaced with the Department's fiscal agent, AHCCCS, and the Information Technology Services (ITS) to develop, maintain and update policies and procedures, service definitions and codes, and rate information related to reimbursable Title XIX behavioral health services. Administered the exchange of data, reports and encounter/claim information among AHCCCS and the Regional Behavioral Health Authorities (RBHA). Interfaced with the RBHAs and contracted service providers to resolve contract issues, billing problems and registration deficiencies. Developed and implemented program evaluation procedures utilized in the annual operational financial review of the RBHAs. Developed, implemented, and enforced departmental policies and procedures.

FINANCIAL CONSULTANT,
COMMUNITY AND FAMILY HEALTH SERVICES

1993 to 1994

Responsible for the management, auditing and evaluation of funds totaling over \$40 million for the Special Supplemental Food Program for Women, Infants and Children (WIC). Prepared federal reports and budgets.

Arizona Health Care Cost Containment System

Phoenix, Arizona

1989 to 1993

FISCAL SERVICES MANAGER, DIVISION OF BUSINESS AND FINANCE

Responsible for the management of the accounting section, including accounts payable, payroll and federal reporting. Maintained the integrity of the agency's automated accounting system. Prepared budget requests and state and federal reports. Developed policy and procedures. Liaison and problem resolution with other State Agencies.

Arizona Department of Economic Security

Phoenix, Arizona

1986 to 1989

FISCAL SERVICES MANAGER, CHILD SUPPORT ENFORCEMENT DIVISION

Responsible for the management of the Payments and Distribution Section, Customer Inquiry Unity, and the Operations Support Section. Worked with County representatives to develop policy and procedures to ensure compliance with Federal regulations; developed corrective action plans; prepared Federal and State reports and prepared budget requests.

PLANNER II,
OFFICE OF PLANNING AND BUDGET DEVELOPMENT

1985 to 1986

Responsible for the development of the Three-Year Plan for the Arizona Department of Economic Security, including the development and implementation of monitoring systems.

Westinghouse Electric Corporation

Arizona and Pennsylvania

1977 to 1985

REGIONAL MATERIAL/FINANCIAL ANALYST, APPARATUS REPAIR DIVISION
Phoenix, Arizona

1984 to 1985

Assisted in the preparation of the division's budget for 13 separate locations, including forecasting. Monitored and analyzed the 13 division locations' performance. Recommended and implemented corrective actions. Prepared statistical, financial and other reports. Negotiated material purchasing contracts with regional vendors and recommended national contracts.

STAFF ACCOUNTANT, TRANSPORTATION LEASING DIVISION
North Huntingdon, Pennsylvania

1977 to 1984

Assisted in the development of the division's budget, prepared journal entries, prepared various statistical and financial reports.

VALUEOPTIONS Job Description

Title: Grievance and Appeals Manager	Reports To: Director, Consumer Rights and Legal Services
Exempt/Non-Exempt: Exempt	Effective Date:
Location: Arizona (Phoenix)	Department:

General Summary: Oversees and ensures appropriate processing of grievance, appeal, provider appeal, or request for a State Fair Hearing. Responsible for and oversight of the Grievance and Appeals department.

Essential Duties and Responsibilities:

1. Ensures that the Grievance and Appeals section processes all appeals and grievances in accordance with referred time frames and other contractual legal requirements.
2. Monitors and trends appeals, grievances and sentinel events. Provides senior management with monthly reporting of these trends.
3. Ensures that all Provider grievances are processed and investigated according to contract requirements.
4. Work with various external constituencies, i.e., state, local and federal governments, local community and the public related to grievance and appeals.
5. Integrates federal and state law changes into company's regulatory system related to grievance and appeals.
6. Recommends solutions and works with department and company staff to ensure problems are corrected and departments are advised of corrective measures to prevent recurrences. May provide training and direction to agencies in developing procedures to comply with grievance and appeals requirements.

Minimum Qualifications:

Education: For attorney, Juris Doctor; For paralegal, A.A. in Paralegal Studies preferred.

Licensures: Arizona State Bar License in good standing or certified Arizona Paralegal

Relevant Work Experience: Two years practicing as an attorney or a paralegal. Administrative Law experience preferred. Prior experience in mental health field preferred

Addam Gross
ValueOptions Director of Training
RFP Key Personnel: Training Manager

E D U C A T I O N

University of Phoenix <i>Master, Counseling</i>	2000
University of Wisconsin <i>Bachelor, Psychology</i>	1996

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona 2000 to Present

DIRECTOR OF TRAINING

Manages all operational aspects of a training department that provides training/consultation in the areas of clinical, technical, leadership, and procedural operations. Develops training curriculum for new employee orientation and provides on-going training of existing employees guided by strategic plans. Provides supervision to a training team of 10 trainers and 2 mid-level managers. Collaborates with other company departments in developing performance improvement plans to comply with regulatory guidelines. Provides oversight of policy and procedure development to ensure compliance with various regulations and rules. Ensures all employees (1400) receive the correct training based on their position within the organization. Monitors approximately 100 service providers in training compliance with policy standards. Provides on-site technical assistance to agencies requiring development with training programs. Programs and develops a comprehensive training tracking system (Infinium AS400).

Alternative Behavioral Services/ValueOptions
Mesa, Arizona 1998 to 2000

SITE MANAGER

Managed all operational aspects of an outpatient mental health clinic. Assured effective compliance with financial and staffing budgets. Facilitated coordination of clinical and case management services with multi-systems. Supervised a variety of employees ranging from front office staff to psychiatrists (60 employees). Coordinated projects with community/state organizations. Implemented and monitored compliance with policies and procedure. Worked in collaboration with treatment teams to develop and maintain program philosophy and pursued goals and objectives that were congruent with the program mission. Provided overall leadership and management for the site that emphasized high quality consumer care.

Samaritan Behavioral Health Center
Scottsdale, Arizona 1999 to 2000

INTERN THERAPIST

Provided individual, group, family therapy, and intake assessments to persons requiring inpatient hospitalization. Samaritan specializes in the treatment of SMI, CD, Eating Disorders, Geriatrics, and Child/Adolescents. In addition to counseling, assisted with adult education within the hospital setting.

Alternative Behavioral Health Services/ComCare
Phoenix, Arizona 1997 to 1998

INTEGRATED SERVICE COORDINATOR/CASE MANAGER

Coordinated and developed treatment plans with a clinical team for the seriously mentally ill. Other responsibilities included crisis intervention, assessment, discharge planning, and referral/coordination with providers. In addition, assisted in training new hire orientation in the areas of outreach and engagement of clientele.

Friendship Partial Hospitalization Program

Phoenix, Arizona

1996 to 1997

COUNSELOR

Provided group/individual counseling to clients with serious mental illnesses. Other responsibilities included behavioral health documentation, crisis intervention, treatment planning, coordination of care, and discharge planning.

St. Coletta School

Jefferson, Wisconsin

1994 to 1996

RECREATIONAL THERAPIST

Planned and facilitated community based recreational groups and activities with developmentally disabled adults and adolescents. Developed treatment goals for clients and supervised/trained residential counselors in the implementation of treatment strategies.

Kids First Domestic Violence Program

Janesville, Wisconsin

1995 to 1996

INTERN/EDUCATOR

Facilitated therapeutic activities with the children in a shelter setting. In addition, educated battered women on various domestic violence issues.

Brotoloc Health Care Systems: Residential Center

Whitewater, Wisconsin

1993 to 1994

RECREATIONAL COUNSELOR

Assisted developmentally disabled, chronically mentally ill, and/or traumatic brain injured adults in a 24 hour residential treatment setting (ACT). Focused on meaningful daily activity, personal care skills, community integration, and other rehabilitation goals. Supervised and provided on the job training for shift employees.

Suzanne Berman, RPh
ValueOptions Executive Director of Pharmacy
RFP Key Personnel: Pharmacy Manager

E D U C A T I O N

University of Arizona <i>College of Pharmacy, Bachelor of Science</i>	1975
Arizona State Board of Pharmacy License S06232	1976
California State Board of Pharmacy License RPH 30605	1976

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	2001 to Present
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EXECUTIVE DIRECTOR-PHARMACY MANAGER

Responsible for the management and operation of claims processing, prior authorization and outlier management activities. Manages all consumer, prescribers and pharmacy relations including ongoing prescriber and pharmacy education. Provides leadership to the Pharmacy and Therapeutics Committee. Analyzes data and trends and implements interventions to improve clinical, financial and/or operational performance. Participates in product development of pharmacy benefit management services. Assists with preparing proposals and identify business opportunities. Planned and managed the delivery of high quality, cost-effective pharmacy services to consumers in all program types eligible for a pharmacy benefit. Assures high quality recruitment, orientation and training of pharmacy department and ancillary personnel. Maintains fiscal responsibility by adhering to Pharmacy Budget. Develops and implements policies and procedures to monitor all pharmacy expenditures, purchasing trends and physician prescribing utilization patterns to ensure the plan goals for efficient and cost-effective pharmacy practice are met. Mediates and resolves consumer, prescriber and pharmacy provider inquiries. Negotiate contracts for pharmaceutical product rebates and secure unrestricted educational grants.

Enhanced, developed and promoted programs, which provide access to comprehensive pharmacy services and professional services targeted at optimizing drug therapy for consumers directly or indirectly through education of prescribing clinicians. Cultivated an ongoing professional working relationship with the University of Arizona College of Pharmacy and developed a Preceptor program for pharmacy students that rotate through ValueOptions administration and direct service clinics every six weeks. Promoted and achieved a 95% conversion rate from the Brand name product to the generic product. Designed data management reports, both clinically and financially orientated, for all contracted providers. Enabled the pharmacy to maximize contracts and lower overall costs. Designed a Provider Profile program to monitor physician prescribing trends and utilization volume.

OSCO Pharmacy Tucson, Arizona	2000 to 2001
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RETAIL STAFF PHARMACIST

Served as Pharmacist-in-Charge under the supervision of the Pharmacy Manager, performing all duties necessary for the efficient operation of the pharmacy and compliance with the Arizona State Board of Pharmacy regulations. Ensured that individuals received the correct medication in a timely fashion. Assisted in maintaining adequate medication stock and performed duties necessary to meet all national service standards. Adhered to all federal and state laws pertaining to the practice of pharmacy and the handling of controlled substances. Maintained up-to-date knowledge of pharmacotherapy and provided drug information to other professional staff. Supervised and was responsible for the pharmacy technicians.

Community Partnership of Southern Arizona
Tucson, Arizona

1998 to Present

CONSULTANT PHARMACIST

Provides consultation on all applicable state and federal laws governing pharmacy practice, policies and procedures, "best practices" and other regulatory standards. Consults and provides accurate information regarding prescription dispensing and medication monitoring. Provides consultation to ensure medications and other pharmaceuticals are compounded and dispensed in a safe and cost-effective manner. Provides budget oversight, pharmaceutical rebate contracting, injectable purchase agreements and electronic prescription adjudication processing.

Tucson General Hospital
Tucson, Arizona

1998 to 2000

DIRECTOR OF PHARMACY

Executed day-to-day operations in the pharmacy with respect to workflow and deadlines. Ensured pharmacy compliance with all state and federal rules and regulations regarding the practice of pharmacy. Supervised the pharmacy technicians to ensure proper data entry, work flow, security of the pharmacy area, and adherence to delivery schedules. Screened all new medication orders for appropriate dose, drug interactions, allergies, and contraindications prior to dispensing the medication. Checked for completeness and accuracy of all new and refill orders generated by pharmacy technicians. Assisted in the orientation and training of pharmacists and technicians. Facilitated appropriate ordering, handling, receiving, documentation and storage of all controlled substances; maintained a perpetual inventory for Schedule II medications. Provided clinical information and assistance to physicians and hospital staff with regard to therapeutic options for improved consumer outcomes and care. Integral participant in the JCAHO and Osteopathy accreditation processes.

Fry's Food and Drug
Tucson, Arizona

1987 to 1998

RETAIL STAFF PHARMACIST

Served as Pharmacist-in-Charge under the supervision of the Pharmacy Manager, performing all duties necessary for the efficient operation of the Pharmacy and compliance with the Arizona State Board of Pharmacy regulations. Ensured that individuals served received the correct medication in a timely fashion. Maintained adequate medication stock. Performed duties necessary to meet all national service standards. Adhered to all federal and state laws pertaining to the practice of pharmacy and the handling of controlled substances. Maintained up-to-date knowledge of pharmacotherapy and supplied drug information to other professional staff. Supervise and responsible for pharmacy technicians.

CIGNA HealthCare of Arizona
Tucson, Arizona

1981 to 1998

ASSISTANT DIRECTOR, PHARMACY-ARIZONA

Directly supervised a staff of ten pharmacists, nine pharmacy technicians and six pharmacy interns within four primary healthcare centers for CIGNA HealthCare. Negotiated national contracts for pharmaceutical rebates and/or primary formulary product placement. Developed the system criteria for the CIGNA pharmacy computer network and coordinated the purchase, installation and employee training. Successfully developed and promoted a mail-order program, increasing staff model pharmacy utilization and decreasing operational costs. Participated on the Consumer Satisfaction Committee increasing satisfaction to 96%. Designed utilization review standards and protocols. Developed an appeals criteria and process procedure for non-formulary exceptions. Developed a cost effective Preferred Products list. Instrumental in sponsoring and implementing chemotherapy and IV home healthcare programs. Created the first formulary for Tucson CIGNA HealthCare. Successfully introduced a closed formulary and coordinated the educational process for both patients and providers. Developed three studies for the pharmacy department (Over utilization of antibiotics; H. Pylori-Peptic Ulcer Disease; Asthma-Beta agonist usage) each of which resulted in increased quality of care and cost savings.

Cynde Davis, CPA
ValueOptions Arizona Compliance Officer
RFP Key Personnel: Corporate Compliance Officer

E D U C A T I O N

Arizona State University <i>Bachelor, Business Administration</i>	<i>1992</i>
Certified Public Accountant, State of Arizona (9462-E)	<i>1995</i>

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	<i>2003 to Present</i>
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DIRECTOR OF REPORTING

Responsible for reviewing and analyzing financial data and encounters value production for application of recoupments and withholds. Provides oversight of financial aspects of Network closings and start-up of Comprehensive Service Providers. Provides technical assistance to providers on financial issues; analyze encounter data to evaluate historical trends and report results to Executive Management. Responsible for analysis of provider financial statements and budgets; member of Provider Design and Development Team. Researches and analyzes encounter data, trends, and provide recommendations to Executive Management Team.

Cynde Davis, CPA Tempe, Arizona	<i>2001 to 2002</i>
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CONSULTANT
AS CHIEF FINANCIAL OFFICER

Provided accounting and financial services to behavioral health managed care agencies. Responsible for all aspects of accounting, budgeting, and financial systems. Advised Management Team in regard to fiscal issues. Developed fiscal policies and procedures; designed and developed financial statement reporting processes; prepared account reconciliations. Worked with independent auditors. Designed and developed budgets; established analyses to evaluate fiscal impact of rate/payment changes; designed and developed trending models to forecast revenues, expenses and cash flows; established procedures to evaluate compliance to fiscal requirements of contracts. Analyzed encounter and other financial data pertaining to service utilization; developed case rates paid to at-risk providers and evaluated contract performance regarding same. Oversaw design and development of management reports pertaining to fiscal and encounter data. Interfaced with Information System vendors.

Another Direction, LLC Tempe, Arizona	<i>2000 to 2001</i>
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CHIEF FINANCIAL OFFICER

Managed care crisis network created to deliver integrated behavioral health crisis services for public sector; contracted with Regional Behavioral Health Authority for Maricopa County (contract expired July 31, 2001) Responsible for company's accounting system, including maintenance of internal control structure and general ledger. Designed statement format and prepared financial statements in accordance with generally accepted accounting principles; worked with independent auditors. Staffed Governing Board meetings in regard to fiscal issues. Selected, trained, supervised, and evaluated subordinate employees responsible for accounts payable, billing, accounts receivable, and reconciliation processes. Responsible for fiscal oversight of contracted providers, including deliverables, contract compliance, and analyses of financial data. Designed, developed, and implemented automated processes for dissemination of electronic remittance and other claims/ encounter data. Developed monitoring system for evaluation of encounter value thresholds required under contract; successfully negotiated action plan resulting in return of withhold due to underreporting of

claims/encounters. Responsible for revision and analyses of annual budgets with revenues over \$22 million; involved in negotiating closing of contract.

**Community Partnership of Southern Arizona,
Regional Behavioral Health Authority for Pima, Santa Cruz,
Cochise, Graham, and Greenlee Counties**
Tucson, Arizona

1998 to 2000

SENIOR FINANCIAL ANALYST

Responsible for development and preparation of non-profit managed behavioral healthcare organization annual budget with revenues over \$85 million. Designed and developed Cost Allocation Plan in accordance with OMB Circular A-122. Responsible for analyses of various financial data and preparation of schedules for accruals for annual single audit (OMB Circular A-133). Participated in Operational Review conducted by State Agency (ADHS); designed corrective action required for accounting functions. Developed trending models used to forecast corporate revenues and expenses. Analyzed financial data and prepared scenarios and recommendations for the CFO and CEO; participated in determining cash distributions to direct service providers. Responsible for financial analyses of at-risk subcontractors' financial positions, including development of ratio standards to monitor the financial viability. Prepared ad hoc service utilization analyses and recommendations; organized and automated monthly production processes, integrating data from multiple sources. Worked with actuaries to prepare capitation bids; prepared forecasts of all financial statements and related documentation for response to ADHS/DBHS – RFP process; corporation was successful in negotiating increased capitation rates. Selected, trained, supervised, and evaluated subordinate employees. Established performance and accountability standards; assigned duties and responsibilities and monitored performance in meeting applicable standards and schedules.

Arizona Department of Health Services/Division of Behavioral Health
Phoenix, Arizona

1993 to 1998

FINANCIAL CONSULTANT

Designed, developed, and implemented financial monitoring systems for non-profit capitated managed care contractors; evaluated financial trends of contractors and made recommendations to Executive Management. Participated in development of methodologies used to distribute budgeted revenues; monitored state allocations to reported revenues of contractors, researched variances and made recommendations regarding corrective action. Analyzed capitation rate data, utilization encounter data and developed mid-range rate for RFP process for Maricopa County. Developed high-level management reports to communicate results of complex analyses in user-friendly format (“RBHAs-At-A-Glance”). Consulted with management regarding problems and significant trends; made recommendations to management for development of improvements/ corrective action. FY’96 Team Leader of cross-functional Monitoring Team responsible for monitoring two managed care contractors with combined annual budgets exceeding \$150 million. Oversaw financial review component of compliance reviews; performed analyses of complex financial data; developed recommendations for management; monitored new systems/procedures to ensure desired objectives were met. Selected, trained, supervised, and evaluated staff; developed analytical procedures for staff use.

Various Law Firms
Phoenix, Arizona

1980 to 1990

PARALEGAL

Conducted research of legal precedents, prepared documentation for review by attorneys and subsequent filing with courts; participated in preparation of trial strategies and notebooks. Managed office functions, including supervision of staff. Generated monthly billings, prepared accounting reports and tax returns. Designed, co-developed, and implemented computerized accounting/financial systems. Analyzed and summarized complex accounting data and developed recommendations. Prepared various business documents for structuring and capitalizing medical practices; completed preparation of estate tax returns; prepared conservatorship and probate accounting reports; ensured fiduciaries were in compliance with statutory requirements.

Louise M. Campbell
ValueOptions Agency Liaison/Systems Developer
RFP Key Personnel: Child Welfare Expert

E D U C A T I O N

University of Oregon
Bachelor of Arts, Human Services

1992

Completed ACYF Competency Based Child Welfare Case Management Core Training
Completed ACYF Competency Based Child Welfare Case Supervisory Core Training
Completed ValueOptions/VanDenBerg Professional Wraparound Facilitator Training

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

2003 to Present

AGENCY LIAISON/SYSTEMS DEVELOPER

Assists in the development and implementation of processes to assess whether families in the Arizona Practice Model are being served according to the Principles. Recommends practice adjustments, policy and procedure revisions, training and support in effort to provide continuous improvement in serving children and families. Maintains a barrier resolution process within and between the system partners to translate system successes and barriers into positive systemic changes that support the Arizona Practice Model. Assists in coordinating assimilation of measures with continuous quality improvement efforts at the provider and network levels.

State of Arizona Child Protective Services-
Phoenix, Arizona

1995 to 2003

PROGRAM SPECIALIST (MENTAL HEALTH SPECIALIST)

2001 to 2003

Coordinated high-level placements for CPS children. Coordinated with the RBHA in the delivery of mental health services for eligible children and adults. Developed and implemented training regarding mental health services. Participated in developing and maintaining collaborative relationships with the mental health provider community. Facilitated multidisciplinary consulting team meetings to assist staff with complex case planning issues. Participated in policy development, training and implementation as it pertains to mental health delivery system.

PROGRAM SPECIALIST (QUALITY ASSURANCE SPECIALIST)

2000 to 2001

Developed, implemented and evaluated district quality assurance program. Designed protocol standards used to collect statistical data. Developed written interpretive guidelines used to define protocol standards. Facilitated advisory committee to solicit district-wide input. Reviewed monthly random sampling of CPS cases. Evaluated compliance with policies and procedures of random samples. Recorded statistical analysis in Microsoft Excel applications. Trained management and field staff on the Quality Assurance process and identified training needs related to program compliance. Identified systemic issues related to program compliance. Served as District I Policy liaison to Central Office.

UNIT SUPERVISOR

1999 to 2000

Supervised unit of 12 staff whose duties included foster/group home investigation, emergency shelter coordination, payment and information processing specialization, case record retention and review. Responsible for case assignment, consultation, approval of emergency intervention, assist in case determinations and closure. Reviewed and evaluated cases, consulted policy and procedure manual to ensure compliance with laws and regulations. Instructed and counseled workers in performing job duties. Reviewed and approved reports, logs and other projects as assigned. Monitored work assignments, entered case weights and conducted monthly assessments of worker's performance. Facilitated unit staff

meetings and retreats. Assisted in workgroups for development of effective program services. Coordinated with licensing authority to conduct investigations, provided training to foster families and made follow-up recommendations.

CPS SPECIALIST

1995 to 1999

Investigated allegations of abuse, neglect and abandonment of children. Conducted comprehensive assessments of client needs and level of functioning. Established case plan, scheduled timetable for provision of services. Identified services to be provided, referred client families to community agencies and established ongoing collaborative relationships with providers and other child and family serving agencies. Interpreted and implemented legal responsibilities of agency in such matters as dependency petitions, guardianships and termination of parental rights. Counseled and collaborated with client families applying supportive and change-directed techniques. Evaluated adoptive and foster homes and make decisions on licensing and certification of such homes. Made recommendations for removal of children or adults from residences and for provision of supportive or emergency services. Prepared written court reports, attended hearings and provided testimony.

Head Start

Phoenix, Arizona

1992 to 1994

FAMILY CHILD CARE TRAINER

1993 to 1994

Recruited, hired, and oriented Family Child Care Providers. Provided ongoing training, supervision and evaluation for providers. Completed individual child developmental screenings and assessments. Maintained a balanced early childhood education program. Focused on children with special needs in areas of development, empathy training and abuse prevention/personal safety. Conducted home visits to develop individual education plans. Facilitated monthly parent meetings with family advocate.

HOME VISITOR

1992 to 1993

Managed overall operation of program. Implemented education, health, nutrition and special education services work plans. Supervised classroom Teaching Assistant and volunteers. Provided social services to families, including needs assessment, crisis intervention, counseling and resource referral. Facilitated parent education with individuals and groups. Networked with community agencies and made referrals.

VALUEOPTIONS Job Description

Title: Cultural Expert	Reports To: Chief Clinical Officer
Exempt/Non-Exempt: Exempt	Effective Date: 10/03
Location: Arizona (Phoenix)	Department: Clinical

General Summary: Responsible for overall management and oversight of the organization's program for Cultural Competency. Capable of modeling behavior that is culturally responsive; facilitating cross-cultural communications; and identifying and bridging cultural gaps in both staff development and client service delivery. Responsible for assuring that cultural proficiency is valued throughout the organization. Serves as a conduit for wide-ranging information on creative/innovative models being used in other parts of the country

Essential Duties and Responsibilities:

1. Maintain a continuous examination process for bias in policies, practices, and personal philosophies required to implement and sustain culturally relevant program efforts to support cultural responsiveness.
2. Responsible for staff development and training programs to enhance the capacity to deliver culturally proficient clinical services, which include principles that support the organization's strategies that expand the knowledge base on culture and managing diversity.
3. Establish effective working relationships with local academic institutions for the purpose of enhancing the workforce through innovative and jointly developed training opportunities. Surveys research literature and collects information on innovative operating program models and potential innovative models.
4. Develop evaluation and treatment outcome measures in respect to culturally competent services. Establish procedures for monitoring, evaluating, and addressing diversity issues in the organization and service delivery.
5. Act as a liaison with other agencies and institutions providing services to the organization's consumer groups. Expand supervisors' knowledge base on culture and managing diversity and being assertive and direct in facilitating culturally responsive behavior among staff and the families they serve in the field.
6. Coordinates implementation of cultural treatment teams and other cultural community support system activities.
7. In conjunction with Executive staff, establishes goals and objectives for cultural competence in diverse programs and oversees their implementation.
8. Represents the organization's interest on various internal and external committees. Works closely with ADHS/DBHS, community stakeholders, State agencies, and community to ensure that all standards and procedures are being met.

Minimum Qualifications:

Education: M.D., Ph.D. M.S.W. Clinical Degree

Extensive experience: Minimum 5 years in program development, research, publication and consultation on cross-cultural issues in healthcare/behavioral health. Relevant Work Experience: Minimum of 5 years experience in managed care with focus on issues related to cultural competence and provider management.

William A. Fulton, MD
ValueOptions Assistant Medical Director
RFP Key Personnel: Children's Medical Director

E D U C A T I O N

Diplomate, American Board of Child Psychiatry and Neurology Certificate # 26324	<i>1995</i>
Diplomate, American Board of Psychiatry and Neurology Certificate # 3916	<i>1984</i>
Vanderbilt University <i>Doctor of Medicine</i>	<i>1979</i>
University of Alabama <i>Bachelor of Science</i>	<i>1975</i>

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	<i>1999 to Present</i>
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ASSISTANT MEDICAL DIRECTOR

Oversees functions of the Medical Affairs Department to ensure that primary and secondary obligations of the department are fulfilled on a daily basis. Provides clinical support, leadership and training to ValueOptions staff and provider staff to ensure safe, effective and efficient treatment for consumers. Is responsible for oversight of medical staff involvement in all aspects of the utilization management system. Is responsible for supervision of decisions regarding SMI eligibility and of staff participation with the Grievance and Appeals Department. Assists with implementation of clinical philosophy initiatives such as evidenced-based practice, the Arizona Practice Model, and the Recovery Model. At the directive of the Chief Medical Officer, initiates system reform and system oversight to be in compliance with DBHS regulations and protocols. Represents RBHA to external stakeholders including other state agencies to increase collaborative practice and implement a recovery philosophy. Supervises all physician advisors and psychologist advisors.

As the Service Center lead child psychiatrist, is responsible for clinical oversight of implementation of the Arizona Practice Model. Directs interdepartmental meetings of all staff in children's system within service center to coordinate efforts among clinical services, crisis services, networks, and utilization management. Directs clinical audit of children's providers and monitors Comprehensive Service Provider quality management activities.

ComCare, Inc. Phoenix, Arizona	<i>1996 to 1999</i>
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STAFF PSYCHIATRIST

Provided direct clinical services to children and families. Supervised both intensive and basic case management teams. Provided utilization management activities for children and families. Participated in Grievance and Appeals process. Supervised staffings with families, guardians, and stakeholders. Served as site medical director for both child and adult clinics.

Shodair Hospital Helena, Montana	<i>1991 to 1996</i>
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MEDICAL DIRECTOR

Supervised clinical functions throughout children's acute care and residential treatment program. Participated in all certification and quality reviews including JCAHO, assisting facility in achieving its first JCAHO certification. During tenure expanded programs and capacity, developed outpatient programs, and presented to the hospital board and the

public on numerous occasions. Served as Chief Medical Officer in multi-specialty inpatient and outpatient setting. Served on all hospital committees involving clinical care.

Cobb Hospital and Medical Center

Austell, Georgia

1991

DIRECTOR OF CHILD PSYCHIATRY,

MEDICAL DIRECTOR, ADOLESCENT AND FAMILY TREATMENT UNIT

Developed children's program from opening into self-sustaining program within a general hospital setting. Supervised clinical functions throughout children's acute care and residential treatment program. Directed public relations and public awareness efforts.

Charter Brook Hospital

Atlanta, Georgia

1985 to 1990

ASSISTANT MEDICAL DIRECTOR

Supervised clinical functions of adolescent unit at acute care hospital. Served on all clinical committees involving clinical care. Participated in all JCAHO reviews. Served as consulting child psychiatrist to very large corporation with many mental health hospitals and programs.

Adolescent Day Center

Boston, Massachusetts

1984 to 1985

PSYCHIATRIC DIRECTOR

Participated in start-up adolescent day program which later became prototype for model used throughout greater Boston area in public mental health system.

Private Practice

Newton Centre, Massachusetts

1983 to 1985

Child and adult psychiatry.

Emergency Psychiatric Services,

Brockton MultiService Center

Brockton, Massachusetts

1982 to 1985

Direct clinical service provision at a psychiatric emergency drop-in center.

James de Jesus
ValueOptions Correctional Officer Offender Liaison (COOL) Program Manager
RFP Key Personnel: COOL Program Manager

E D U C A T I O N

Roosevelt University <i>Paralegal Certificate</i>	1990
Northeastern Illinois University <i>Bachelor of Arts, Criminal Justice</i>	1989

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	2001 to Present
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COOL PROGRAM MANAGER

Serves as liaison between Regional Behavioral Health Authority, provider network and the Arizona Department of Corrections. Responsible for being the single point of contact for the Department of Corrections Administrator or designee. Coordinates and facilitates access to behavioral health services for the Department of Corrections parolee population in accordance with the Behavioral Health Standards and the required time frames for the Department's eligible offenders. Makes referrals for treatment services based on availability and the recommendations of the parole officers. Generates and distributes monthly reports for providers and parole officers. Trains and provides technical assistance to ADOC and network providers on the COOL guidelines. Facilitates the collection of required authorization information and maintains a current roster of offender referrals and case status. Provides quarterly reports to ADHS on the COOL referrals. Manages budget and distributes allocated dollars among network providers. Works and coordinates with the MIS, financial and claims department to maintain the integrity of the COOL database. Assesses homeless offenders for the Community Transition Specialist housing program and provides housing and community re-integration supports to homeless offenders. Works closely with property management team to place homeless offenders referred by ADOC. Develops and implements policies and procedures and supervises COOL coordinators and community transition specialist.

Pinal Gila Behavioral Health Association Apache Junction, Arizona	1995 to 2001
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CARE AND PROGRAM COORDINATOR/COOL

Developed performance improvement activities and the use of monitors and indicators. Monitored treatment models for seriously mentally ill adults and childhood and adolescent development and treatment. Authorized services through clinical and utilization review based on medical necessity. Provided technical assistance to providers regarding emotional and behavioral dysfunction, family systems theory, wrap-around concept, addictions/recovery, crisis intervention, and the use of psychotropic medications. Monitored provider services through quarterly case file reviews. Assisted county jail personnel on the discharge of SMI consumers to the community and developed and implemented the Parole Re-Entry Program for the Arizona Department of Corrections. Assisted providers on facilitating easy access to services. Assessed and developed treatment plans for the parolee population. Served as liaison between provider network and the correctional and court systems in Pinal and Gila county. Maintained a current roster of offender referrals and case status and provided quarterly reports to ADHS on the COOL referrals. Trained and provided technical assistance to ADOC and providers on the COOL program.

New Sunrise Group Care Agency Phoenix, Arizona	1993 to 1994
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TREATMENT COORDINATOR

Supervised and trained staff members in implementing treatment plan objectives for boys ages six to eighteen in therapeutic group homes. Attended and provided progress reports to Foster Care Review Board, court hearings, school

conferences and New Sunrise staff personnel. Assisted school personnel on developing appropriate behavior for the boys in the group home. Assisted DES caseworkers on developing plans after the age of 18 for the boys in the group home. Developed an individual treatment plan for each child with the clinical director. Provided written reports to DES caseworkers.

Travelers & Immigrants Aid/Neon Street Center/ PAL Program

Chicago, Illinois

1991 to 1993

CASE MANAGER/COUNSELOR

Provided life skills training and counseling for youth residing in foster care and trained foster parents on appropriate behaviors of the youth. Developed in-depth evaluation of youth's current knowledge and functioning levels in areas related to independent living and documented progress reports of foster youth for juvenile court and caseworkers for the Illinois Department of Children and Family Services. Attended court hearings with youth and caseworkers to discuss the progress and plans of the youth. Organized life skills classes to teach money management, job seeking skills, interpersonal skills, decision-making skills, how to avoid drug and alcohol, how to locate adequate housing, and how to develop positive self-esteem.

Blythe FitzHarris
ValueOptions SMI/Exit Stipulation Coordinator
RFP Key Personnel: Arizona State Hospital Liaison

E D U C A T I O N

Arizona State University <i>Master, Social Work</i>	1999
Mary Washington College <i>Bachelor, Psychology</i>	1993

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	1999 to Present
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SMI/EXIT STIPULATION COORDINATOR

Monitor/track State Hospital Admission/ Discharge requirements per State/RBHA agreement. Provides case consultation to clinical teams. Facilitates system development and planning for system service gaps. Facilitates internal departmental coordination and external agency coordination. Provide training on the Arnold vs. Sarn class action lawsuit. Works closely with other governmental agencies to assist in service deliver and expand system resources. Participates in ongoing administrative review and audits conducted by the Department of Behavioral Health Services. Facilitate monthly Service Provider meeting to ensure quality of care and coordination among involved parties. Arranges and facilitates collaborative case conferences to coordinate service delivery for consumers with complex clinical needs. Collaborates with contract, quality management and network department to improve Service Provider service delivery, consistency of care and service expansion. Developed/implemented protocol for Peer Review of community placements. Developed peer review monitoring tool and database to track outcome measures. Complete corrective actions and follow-up plans to direct care staff and service providers.

Alternative Behavioral Services/ValueOptions Phoenix, Arizona	1999
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CLINICAL CARE COORDINATOR

Provided clinical oversight and consultation to assigned mental health outpatient clinic. Provided crisis intervention. Formulate/monitor discharge planning and continuum of care from higher levels of care. Assess and complete legal petitions for involuntary hospitalization. Provided individual/group supervision to a team of case managers. Completed outlier reports to address continuum and quality of care. Reviewed and approved treatment plans. Participated and facilitated clinical staff meetings to ensure quality of care. Coordinated services among providers and all involved parties. Assisted clinical management team in development of ACT and Supportive Team implementation. Reviewed and audit clinical records for Court Monitor review.

ComCare Phoenix, Arizona	1996 to 1997
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CASE MANAGER

Provided crisis intervention. Assisted clients with medications, appointments and community referrals. Formulated and monitored treatment plan goals. Assisted and provided referrals for community services and agencies. Monitored progress in daily living and medication compliance. Advocated and assisted clients with housing and social security benefits. Prepared monthly assessments and weekly progress reports on court ordered clients. Completed and facilitated court petition orders.

Southwest Key Outreach Program
Phoenix, Arizona

1996

CASE MANAGER

Monitored whereabouts and probation compliance three times a day in the community for adolescents recently released from Durango or Adobe Detention Center. Provided group counseling and recreation activities weekly. Completed monthly summary reports for the court on community status and compliance with probation requirements. Provided family and involved other counseling for adolescents. Transported and coordinated community referrals for work programs, substance abuse treatment and other supportive services.

Deep Run Lodge
Goldvein, Virginia

1994 to 1996

SUBSTANCE ABUSE COUNSELOR

Primary counselor for a caseload of 20 adolescents placed at a residential substance abuse program. Completed treatment plans for each client and monitored progress on a weekly basis. Coordinated authorization for services through health insurance companies and juvenile court. Provided and facilitated family therapy and group sessions on a weekly basis. Provided individual counseling on a daily basis. Completed monthly reports for courts and recommendations for ongoing treatment and discharge planning. Coordinate referrals upon discharge and arranged visitation to school and other programs for long term placement. Conducted monthly education classes around substance use, co-occurring disorders and social skills. Coordinated involvement in the community with natural supports and community groups. Supervised family visits and made recommendations to CPS and other legal agencies for family custody.

RESIDENTIAL SPECIALIST

1993 to 1994

Supervised therapeutic milieu of the residential program. Coordinated daily activities in the community and for treatment groups. Provided crises intervention and crises reduction as needed. Facilitated group discussions around substance use topics. Supervised and facilitates point system and task assignments based point system. Assisted designated peer supervisor in problem resolution and daily schedule development. Assisted in family groups and visitation. Provided transportation and arranged community leisure activities and support group participation. Supervised medication compliance and coordination with other clinical team members in weekly staffing around treatment plan.

Kathleen M. Aguilar
ValueOptions Paralegal/Risk Manager
RFP Key Personnel: Human Rights Liaison

E D U C A T I O N

Academy of Business <i>Paralegal Program</i>	1996
Rio Salado College <i>General Studies</i>	1992 to 1993
Phoenix Community College <i>Justice Studies</i>	1991 to 1992
Legal Arts of Arizona <i>Court Reporting</i>	1978 to 1980

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority Phoenix, Arizona	1998 to Present
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PARALEGAL/RISK MANAGER

Manages nine employees in the ValueOptions Risk Management Department under Quality Management. Manages and maintains database input and extract monthly reports reflecting trends and patterns in reported incidents. Reviews and processes incoming Incident/Accident Reports. Makes recommendations for investigation, follow-up and/or corrective action. Conducts interviews and site visits. Researches charts and Prepares Mortality Reports and Seclusion and Restraint Reports as required by the State. Conducts investigations and chart reviews. Prepares and revises policies as required to maintain compliance with local, state and federal regulatory requirements. Prepares and Processes Motions as needed. Reviews subpoenas and prepares responses. Sets up new litigation files and assist outside counsel in preparing cases. Prepares information regarding potential litigation to insurance company. Performs research as needed. Answers general questions received regarding applicable policies, procedures, and statutes.

Sacks, Tierney, P.A. Phoenix, Arizona	1997 to 1998
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PARALEGAL/COURT LIAISON

Acted as a Liaison between the firm, the courts and outside agencies. Coordinated court runs for the firm's courier service. Processed incoming garnishments. Prepared Answers and distributed checks. Tracked outstanding civil judgments for the firm and prepared judgment renewals, as requested by the client. Maintained tickler system for the firm.

Maricopa County Department of Psychiatry Phoenix, Arizona	1995 to 1997
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ADMINISTRATIVE ASSISTANT

Worked in the Legal Department in a paralegal capacity under the general direction of the County Attorney. Prepared legal packets for filing court ordered evaluations and treatments. Reviewed incoming Petitions for Evaluation/Treatment for accuracy. Prepared detention orders for review and signature by the judge. Prepared witness subpoenas for court hearings. Maintained record of incoming cases. Drafted motions and orders. Maintained statistics.

Maricopa County Clerk of Court
Phoenix, Arizona

ASSOCIATE MANAGER – CRIMINAL

1991 to 1994

Supervised thirty criminal courtroom clerks. Prepared daily court assignments. Participated in orientation and training program for new hires. Developed new and revised existing procedures, in accordance with statute additions/changes. Worked closely with members of the criminal bench. Maintained statistics and prepared monthly spreadsheet reports. Provided input on employee evaluations. Conducted interviews. Prepared payroll. Created new and revised existing computer forms.

CRIMINAL COURTROOM CLERK

1989 to 1991

Attended each session of court. Took minutes of court hearings and reduced them to minute entry form. Responsible for marking and maintaining exhibits. Processed a number of court documents. Prepared confinement orders, releases and bond paperwork. Assisted in jury selection process. Administered oaths. Prepared forms of verdict and jury instructions. Processed and kept confidential various types of special warrants. Participated in the Criminal Manual Update Committee. Assisted with training of new hires.

Margaret Trujillo
ValueOptions Director of Community Relations
RFP Key Personnel: Interagency Liaison

E D U C A T I O N

University of Reno Nevada	1994
National Judicial College	
Phoenix Community College	
Chandler-Gilbert Community College	1983

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority	
Phoenix, Arizona	1999 to Present

SERVICE INTEGRATION OFFICER

Senior management position responsible for communications, problem identification, resolution, prevention with other systems of care, as well as government and community agencies serving Maricopa County. Issues are of great complexity, highly sensitive, requiring tact and diplomacy. Manages multi-funded programs and collaborative relationships, including coordination of care initiatives for children in the child welfare, court, and correctional systems. Manages grants related to housing initiatives for the seriously mentally ill, and employment, jail diversion and substance abuse programs.

Mgt & Associates	
Tempe, Arizona	1998 to 1999

CONSULTANT

Consulted with various public and private organizations to develop new programs for incarcerated and at-risk youth. Developed court diversion programs for private community providers, long-term residential care programs for youth in community care on parole or probation status. Worked with local schools to develop alternative programs for youth dropping out or expelled from school. Wrote grants for new or expanded programs and responded to requests for proposals for private sector companies providing services for adults and juveniles.

Youth Services International, Inc.	
Owings Mills, Maryland	1997 to 1998

DIRECTOR OF DEVELOPMENT

Traveled nationally and internationally developing new programs and markets. Worked with state agencies and juvenile correctional facilities to develop rehabilitative/treatment programs in correctional facilities and transitional programs for aftercare. Worked in Puerto Rico with government officials and private companies. Developed institutional and community-based programs for adjudicated youth. Workshop presentations and public speaking on a variety of juvenile justice topics, including gender and culturally based programs for adjudicated and at-risk youth. Worked with directors of YSI programs to further develop vocational and educational services, and helped to write grants. Developed company policies and procedures. Assisted in implementing and operating new detention and academy model facilities.

Arizona Department of Juvenile Corrections

Phoenix, Arizona

1995 to 1997

COMMUNITY SERVICES ADMINISTRATOR

Managed \$10 million budget for community aftercare programs. Served as a member of the executive management team in determining overall policy and procedures and training plans. Extensive work in the correctional facilities, community providers, and youth in aftercare programs. Worked with superintendents of each correctional facility, monitoring youth movement in preparation for transition to community and homecare. Developed community partnerships, supporting youth with vocational, educational, and work experience. Directed and managed staff responsible for programmatic development, including gender-specific modules for female youth, and monitored community programs for contractual compliance.

National Curriculum Training Institute

Paradise Valley, Arizona

1995

CONSULTANT

Provided marketing and training intervention modules for youth with district officials in public school systems and courts. Extensive work with community leadership in developing programs for at-risk youth at the city, county and state level. Lectured on youth offender programs, diversion programs, focusing on family-centered, culturally competent prevention strategies. Traveled nationally to review juvenile court programs and juvenile justice systems.

Tempe Justice of the Peace

Tempe, Arizona

1988 to 1994

LIMITED JURISDICTION COURT JUDGE

Presided as Tempe Justice of the Peace. Directed and administered all phases of court operations in the highest volume limited jurisdiction court in the State of Arizona. Presided and adjudicated all case types. Created and implemented intervention programs in the Tempe Precinct. Established diversion programs, focused on truancy, alcohol and substance abuse programs for youth committing first offenses. Developed community support groups for at-risk youth and parents. Meritorious recognition for the "Work Alternative" and "Fine Collection" programs. Piloted and implemented videoconference arraignments with local law enforcement agencies. Served as mentor judge for new judicial appointees statewide.

Maricopa County Justice Courts

Maricopa County, Arizona

1989 to 1991

PRESIDING JUSTICE OF THE PEACE

Managed and administered 21 justice courts throughout Maricopa County. Worked with funding agencies. Coordinated Justice Court issues and legislation with the Supreme Court and Legislature. Developed budgets, funding sources, county initiatives, and implementation of new programs. Established policies and procedures promoting organizational development for the Maricopa Justice Courts. Appointed by the Board of Supervisors to serve as chairman of various selection committees.

Phoenix City Court**Phoenix City Prosecutors Office****Chandler Municipal Court**

Phoenix and Chandler, Arizona

1969 to 1988

Held various court administrative, managerial and supervisory positions. Hired, supervised and trained staff. Developed and implemented policies and procedures. Collected data, implemented automated systems and reported information for planning and budgeting purposes.

Shannon Serrano
ValueOptions Access Line Manager
RFP Key Personnel: Health Plan Liaison

E D U C A T I O N

Arizona State University Master of Counseling	1997
Arizona State University General Studies	1993

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona 1999 to Present

ACCESS LINE MANAGER

Develops and revises policy and procedure related to day-to-day operations of the access line; responsible for communication of protocol staff. Provide oversight and monitoring of the quality of day-to-day operations of the access line (referral and authorization call center, which operates 24 hours a day, 7 days a week). Serves as an integral liaison regarding access to care issues by interacting frequently with key internal staff regarding providers' ability to meet access to care standards; also provide feedback regarding providers' customer service and contractual compliance issues. Manages schedule of 33 access line staff to maximize phone coverage. Provides supervision to three access line leads; access line scheduling specialist, access line administrative assistant and two discharge coordinators. Meets with other internal managers/directors to increase efficiency and effectiveness of our interaction and discuss protocols that affect numerous departments. Interfaces with community stakeholders as needed to problem solve regarding specific cases or to provide general education regarding access line services or ValueOptions. Develops and analyzes departmental reports related to phone statistics, access to care and referral management issues; share report data and provide feedback to other internal staff as appropriate.

ComCare
Phoenix, Arizona 1995 to 1999

CRISIS SUPERVISOR

Responsible for clinical supervision of crisis phone specialists. Provided clinical training and orientation to new hires. Provided DBT training to crisis department and facilitated several DBT consultation groups each week. Staffed and facilitated authorization of voluntary and involuntary hospitalization requests from UCC's. Dispatch of mobile/transport teams and staff client disposition with these teams. Assisted crisis providers in handling complex/difficult cases that arise throughout the crisis network. Developed and compiled crisis department protocols/guideline and count data for statistical reports.

CRISIS PHONE SPECIALIST 1994 to 1995

Conducted triage and assessment of crisis phone calls. Provided crisis intervention and resolution over the phone. Assisted in developing training modules. Assisted supervisors during low staffed or busy shifts.

Terros, Inc.

Phoenix, Arizona

*1993 to 1994***MOBILE TEAM CRISIS COUNSELOR**

Received crisis phone calls on the Terros hotline; provided assessment, intervention and resolution. Responded to requests for mobile teams in the community and provided face-to-face crisis intervention. Facilitated referrals to services in the community.

Arizona Community Foundation

Phoenix, Arizona

*1989 to 1991***BOOKKEEPER AND DATA ENTRY**

Part-time assistance in bookkeeping and data entry

Family Service Agency

Phoenix, Arizona

*1997 to 1998***COUNSELING INTERNSHIP**

Provided individual/family counseling to SMI and non SMI clients with a variety of problems. Facilitated a Divorce Recovery Group. Participated in weekly trainings and staffings.

Center Against Sexual Assault

Phoenix, Arizona

*1992 to 1993***HOTLINE VOLUNTEER**

Crisis intervention for victims of sexual abuse, rape, incest, domestic violence, sexual harassment; clients with suicidal ideation.

Arizona State University

Phoenix, Arizona

*1991 to 1993***RESEARCH ASSISTANT**

Assisted in conducting research projects and collecting data. Worked under direction of Barry Leshowitz, PhD, Nancy Eisenberg, PhD and Rick Fabes, PhD.

TEACHING ASSISTANT FOR BARRY LESCHOWITZ, PHD*1991 to 1991*

Research Methods Class

Michael R. Prudence
ValueOptions Vice President/Chief Administrative Officer
RFP Key Personnel: Emergency Response Liaison

E D U C A T I O N

University of Arizona
Bachelor of Science, Accountancy

1980

P R O F E S S I O N A L E X P E R I E N C E

ValueOptions - Maricopa County Regional Behavioral Health Authority
Phoenix, Arizona

2001 to Present

VICE PRESIDENT/CHIEF ADMINISTRATIVE OFFICER

Responsible for the overall management of the service center, including development of policy and procedure, management of mental health care delivery system within budgetary goals, and coordination of relationships with the state, plan members and members in care, participating providers, partners and the community. Responsible for the management of the business support functions within the organization, which include Accounting/Finance/Payroll/Budget, Compliance, Human Resources, Facilities Management, Management Information Systems, Contracts and Materials Management.

Community Partnership of Southern Arizona
Tucson, Arizona

1997 to 2000

CHIEF FINANCIAL OFFICER/
DIRECTOR OF BUSINESS OPERATIONS

Responsibilities included management of the business support functions within the organization, which included Accounting/Finance/Payroll/Budget (\$77million), Human Resources, Facilities Management, Management Information Systems, Contracts and Materials Management. Oversaw the timely preparation and communication of accounting statements, fiscal and statistical reports for funding sources to the Chief Executive Officer and Board of Directors. As appropriate and required, reviewed, developed and revised the business operations' policies and internal operating procedures. In addition, this position participated in the development and implementation of the overall corporate strategic planning, in conjunction with the Executive Management Team and the Board of Directors. Developed, monitored and evaluated the State's Title XIX and TXXI full risk capitation rates for the Children, the Seriously Mentally Ill, the General Mental Health and the Substance Abuse programs. Developed, monitored and evaluated the capacity based case rates, risk/stop loss pools, performance pools for the contracted At Risk networks. Assisted the CEO in the leadership and staffing for the Board of Directors and its committees.

Community Partnership for Behavioral Health Care
Phoenix, Arizona

1996 to 1997

VICE PRESIDENT, SUPPORT SERVICES

Provided management of the business support functions within the organization which included Accounting/Finance/Payroll/Budget (\$165 million), Facilities Management (23 sites), Management Information Systems and Contracts and Materials Management. Oversaw the timely preparation and communication of accounting statements, fiscal and statistical reports for funding sources to the President and/or Board of Directors as required. As appropriate and required, reviewed, developed and revised the support services' policies and internal operating procedures. In addition, this position participated in the development and implementation of the overall corporate strategic planning in conjunction with the Executive Management Team and the Board of Directors. Develop, monitor and evaluate the Title XIX full risk capitation rates for the Children, the Seriously Mentally Ill, the General Mental Health and the Substance Abuse programs. Assisted the President/CEO in the leadership and staffing for the Board of Directors and its committees.

Arizona Department of Health Services
Phoenix, Arizona

1996

ASSISTANT DIRECTOR/CHIEF FINANCIAL OFFICER

Managed the business support functions within the organization, which included Accounting/Finance/Payroll, Facilities Management (8 sites), the Business Resource Offices, Strategic Planning and Budget, Warehouse and Contracts, and Materials Management. Developed policy and legislation, implementation of policy and legislation as passed by the state legislature. Prepared the Agency's internal budget in excess of \$500 million. This funding supports the Public Health Services, Behavioral Health Services, and Assurance and Licensure programs. The funding is comprised of various sources, which include Title XIX Medicaid, Federal Block Grant, Specialty Grants and General Fund monies.

Arizona Department of Health Services/Division of Behavioral Health Services
Phoenix, Arizona

1994 to 1996

CHIEF FINANCIAL OFFICER

Provided fiscal oversight of five Regional Behavioral Health Authorities (RBHAs) covering 6 geographic services areas to ensure compliance with financial viability standards, capitalization/performance bond requirements, encounter data submission and the overall financial condition of the RBHAs. Developed, monitored and evaluated the Title XIX full risk capitation rates for the Children, the Seriously Mentally Ill, the General Mental Health and the Substance Abuse programs. Developed and standardized financial, accounting, utilization and costs reports for internal and external sources. Managed the Financial Review, Program Support Services and Contract Units. Developed policy and legislation, implementation of policy and legislation as passed by the state legislature. A member of the State negotiating team on the Maricopa and Pima County funding for the behavioral health system. Designed and implemented, in conjunction with Maricopa County, the funding mechanism for the Arnold vs. Sarn lawsuit.

Arizona Health Care Cost Containment System
Phoenix, Arizona

1984 to 1994

FINANCIAL OFFICER

Managed the Accounting, Finance, Payroll and Cash Management functions within the organization. Implemented policies and procedures relating to the control of the applications, receipt, transfer, and disbursement and budgeting of the agency's multiple funding sources. Provided cash management and accounting for the second largest general fund state agency in the Arizona government. The agency has a \$1.6 billion dollar budget, with a multiplicity of grants and program. Organized, directed and controlled all administrative payments, Acute Care, LTCare and Mental Health medical service payments.

Department of Economic Security
Phoenix, Arizona

1981 to 1984

COST ALLOCATION MANAGER

Administration of the Cost Allocation Unit. Ensured the equitable distribution of all indirect costs in accordance with the agency's Federal approved cost allocation plan (CAP). Provided ad hoc reporting from the DES mainframe in support of the management reporting requirements on a monthly, quarterly and year-to-date basis. Assisted in the development and implementation of an automated cost allocation system. Assisted auditors and staff with any questions pertaining to the cost allocation methodology and results of the application of the CAP. Modified the cost allocation plan to conform to changes in state or federal requirements.

i. Management Services Subcontracts

ValueOptions holds the following management services subcontracts:

1. **Systems Xcellence USA, Inc.**
2505 S. Finley Rd.,
Suite 110
Lombard, IL 86048-4867
(630) 268 - 3600
2. Systems Xcellence USA, Inc. is a for-profit corporation listed on the Toronto Stock Exchange with USA incorporation in Texas.
3. At the direction of ValueOptions, Systems Xcellence USA, Inc. supplies online transaction processing of prescription drug claims for Programs and Benefit Plans relating to prescription drug services provided by participating pharmacies to Covered Individuals or Members enrolled in ValueOptions programs.
4. ValueOptions' contract is attached and incorporated by reference. Systems Xcellence USA, Inc. is contractually bound to provide the services specified in item number 3 above. Systems Xcellence USA, Inc. currently employs approximately 220 full time employees. Included among the staff, are direct management contacts readily available to address ValueOptions' expectations and concerns.
5. Compensation is transaction based on a sliding fee schedule as displayed in exhibits I – VIII of the enclosed contract. Total contract payments during FY2003 were \$212,261.87.

Attestation:

I hereby attest that Systems Xcellence USA, Inc. has never been suspended or excluded from any federal program.

This statement is complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement may be prosecuted under applicable federal and/or state laws. In addition, knowing and willfully failing to fully and accurately make this statement may result in termination of current contracts held with *ValueOptions* and denial of future contracts.

Date Signed

Mr. Jeff Jensen, Senior Vice President of Business Development/Operating Officer,
Systems Xcellence, Inc.

11-11-03 JP Jensen

**AGREEMENT FOR THE
ONLINE TRANSACTION PROCESSING OF PRESCRIPTION DRUG CLAIMS**

This Agreement for the Online Transaction Processing of Prescription Drug Claims is entered into this 1st day of September 2001 by and between:

ValueOptions, Inc.

(hereinafter referred to as "Client"), having a place of business at:

**444 N. 44th Street, Suite 400
Phoenix, AZ 85008**

and Systems Xcellence USA Inc., (hereinafter referred to as "Supplier"), with an office at 2505 S. Finley Road, Suite 110, Lombard, IL 60148

RECITAL

Client and Supplier desire to establish a system for the Online Transaction Processing of prescription drug claims for Programs and Benefit Plans relating to prescription drug services provided by Participating Pharmacies to Covered Individuals or Members enrolled in Client's Programs. Client desires to use the services provided by Supplier's RxCLAIM Pharmacy Claims Online Transaction Processing System (RxCLAIM) and Supplier desires to provide such services under the mutually agreed terms and conditions as set forth herein. Therefore, in consideration of the mutual promises, covenants and representations of the parties, the sufficiency of which is hereby acknowledged, the parties agree as follows:

**SECTION ONE
Performance of Services**

a. Online Transaction Processing of Prescription Drug Claims from Participating Pharmacies. Supplier shall be responsible for Online Transaction Processing of prescriptions for Covered Prescription Drug Services submitted by Participating Pharmacies, according to the coverage parameters and member file information supplied by Client. Such Online Transaction Processing shall include eligibility and coverage determination, calculation of allowable costs and applicable deductibles, coinsurance or copayments, and communication of payment disposition to Participating Pharmacies and other such actions as detailed in Section Three. Supplier shall measure its performance in accordance with the performance guidelines set forth in Exhibit IX.

b. Benefit Plan Files. Supplier will establish and maintain the following files from Benefit Plan-specific information, furnished by Client: Member File, Employer Group File, Prescriber File (if required by Client), and Pharmacy File. Maintenance will be performed within two (2) working days if Client submission is on electronic media acceptable to Supplier on Supplier I/O format and machine-readable by Supplier, and in not more than

five (5) days if Client submission is on paper. Client agrees to reimburse Supplier for the establishment and maintenance of the files as shown on Exhibit II.

c. NDC File. Supplier will maintain a NDC (National Drug Code) file for prescription drugs and required elements for each NDC. Supplier will update the file weekly from information provided by First DataBank's Master Drug Data Bank (MDDB) or other mutually agreed source. The file will permit Client to develop plan specifications based on Average Wholesale Price (AWP), Maximum Allowable Cost (MAC), days of supply (minimum/maximum), Benefit Plan inclusions and/or exclusions, package size dispensed and generic indicator.

d. Remote client access. If Client or Client's client elect to purchase and install optional Supplier-approved terminal equipment capable of interfacing with RxCLAIM, Supplier will provide user documentation, professional support and training in the use of the RxCLAIM System and access to the System at the charges listed for such services in Exhibit VI.

e. Payor Sheet. Supplier will prepare and forward to Client a Supplier RxCLAIM Pharmacy Payor Sheet for reproduction and distribution by Client to Participating Pharmacies. The Payor Sheet will detail the method for submission of claims from the Pharmacy to RxCLAIM, and information concerning procedures for resolution of prescriptions rejected by RxCLAIM.

f. Claims History. Supplier will maintain claims history for a total of five (5) years with the most recent fifteen (15) months' history made available for on-line viewing. Claims history will not be maintained by Supplier after termination of this Agreement. Supplier will forward the history of all paid claims to Client on readable magnetic tape in Supplier I/O format within sixty (60) working days of such written request by Client. Charges for this service will be at the then current rate to provide such service. Current rates of service are shown on Exhibit II.

g. Standard Management Reports. Supplier will provide Client with one copy of standard management reports as selected by Client from Supplier's current Standard Report Catalog. The titles of the available standard management reports are included in Exhibit X. Client may change selected reports to be provided not more often than every 3 months by written notification to Supplier. Management reports will be provided to Client at the charges shown in Exhibit IV.

h. Report Clarification and Audits. In order to clarify information supplied in the Standard Management Reports, Client reserves the right to request reasonable additional information or response from Supplier. At its own expense, Client may conduct independent concurrent and retrospective audits of Supplier' activities.

i. Financial Reports. Supplier will provide Client with one (1) copy of financial reports covering each reimbursing check writing cycle. Examples of the provided financial reports are supplied in Exhibit X.

j. Checks to Participating Pharmacies. At Client's request, Supplier will draft reimbursement checks (the "Checks") for distribution by Client to Participating Pharmacies each month or on such other schedule as is designated by Client. With the Checks to Participating Pharmacies, Supplier will provide Client with a report of the claims being paid. Upon receipt of such report, Client will verify and approve all payments to be made. Client will promptly advise Supplier of any errors or discrepancies shown in such report, recapping the total amount of all claims to be paid. The charge for each Check issued is listed in Exhibit III.

k. Direct Reimbursement Claim Forms. Supplier and Client shall agree on a format for direct reimbursement claim forms to be used for hardcopy submission of claims to Supplier in situations when online submission is not available. Client will distribute said forms to Client's members for submission to Supplier for entry by Supplier as direct reimbursement claims. Client will reimburse Supplier for each direct reimbursement claim for the charge listed in Exhibit I.

l. Utilization Review. Client may elect optional online Drug Utilization Review (DUR) services available in the RxCLAIM System for no additional charge. Should Client elect said services, Supplier shall perform online Drug Utilization Reviews for Client as set forth in Exhibit XI attached hereto.

m. Account Management. This is a set of services that Supplier provides to ensure that every Client has an opportunity to thoroughly understand the capabilities of our software products and has a chance to relate to Supplier their specific needs and priorities for future product direction and/or potential client-specific customizations. Account Management services include:

(i.) The Client will be kept informed of the availability of new/modified software. In addition, the client service representative will keep Client informed as to new functionality, features, performance characteristics and or requirements.

(ii.) Evaluation with the client service representative of the impact of new software release and modifications on Client operations.

(iii.) Through Supplier client service representatives, Supplier will provide assistance in creating; managing and implementing client-initiated Service Requests. (Service Requests "SRs" are the mechanism that Supplier uses to document, analyze, plan, prioritize, and track modifications to our software products. Client-initiated Service Requests "CSRs" are those that reflect the unique need of a particular client.)

(iv.) Scheduled conference calls with the assigned Supplier client services representative to monitor and discuss outstanding SR priorities, general business needs, anticipated needs for additional Supplier services, billing dispute resolutions, and/or other matters related to their use of Supplier software.

(v.) Access to client service representatives, trained on the operation of the

software to resolve questions related to functionality. (Note: The Account Management services offered by Supplier are not intended to be used in lieu of the user training services offered by Supplier. Rather the Account Management services are intended to complement these services for trained individuals. Generally, if a particular incident/question will require more than 60 minutes to resolve, the Supplier representative may request that the Client and Supplier agree to separate charges for this incident/question or the representative may suggest that training services be purchased by the Client to resolve the incident/question.)

Account Management services is limited to 30 hours per month. Hours above the monthly limit and projects that are identified as billable with advance Client sign-off will be billed at the appropriate consulting rate listed in Exhibit VIII.

SECTION TWO

Client's Responsibilities

a. Compensation to Supplier. Client will reimburse Supplier in accordance with Exhibits of this Agreement. Client agrees to pay all valid invoices submitted by Supplier within 30 days after receipt and approval by Client. Client agrees that invoices remaining unpaid over 45 days from date of receipt and approval by Client from Supplier will be charged interest at the rate of 1 1/2% per month.

b. Guaranteed Monthly Processing Minimum. Client agrees that during the initial and all succeeding terms of this Agreement, it will be responsible for a minimum monthly claims processing charge identified in Exhibit I. This minimum charge will apply in any month in which actual claims processing charges fall below the minimum level.

c. Claims Specifications. Client will provide specifications for each Benefits Plan or Program in sufficient detail to permit Supplier to perform its duties as described in Section One and Section Three herein for claims submitted under each Benefit Plan or Program. Since Client changes to Benefit Plan or Program specifications may require RxCLAIM changes, such changes will be coordinated with Supplier to assure timely implementation and minimal disruption of ongoing Benefit Plans or Programs. This Agreement provides that changes to Benefit Plan or Program specifications will be submitted to Supplier with thirty (30) days advance written authorization from Client. More frequent changes may be available at additional charge, which charges shall be provided to Client in advance of changes. In no event will Benefit Plan or Program changes be made without ten (10) days advance written notice of the required implementation date. Supplier shall not be responsible for any changes to any previously established Benefit Plan or Program-specific information until Supplier shall have confirmed its agreement to and acceptance of such changes to Client in writing and shall have specified a date for change implementation.

d. Member File. Client will provide, or cause to be provided or accessed, a complete file on electronic media acceptable to Supplier, in Supplier I/O format and machine-readable by Supplier, of all members of each Benefit Plan or Program covered by this Agreement (Member File). Client will promptly furnish Supplier on electronic media acceptable by

Supplier, in Supplier I/O format and machine-readable by Supplier, with files containing the identification of members whose enrollment has been terminated and a complete record for each new member. If Client is unable to furnish such acceptable electronic media tape, Supplier will input the initial and maintenance entries manually at the charge shown in Exhibit II.

e. **Prescriber File.** If so requested by Client, Client will provide Supplier on acceptable electronic media with sufficient information relating to each Participating Physician to permit the creation of a full functioning prescriber file.

f. **Pharmacy File.** Client will provide Supplier with sufficient information for each Participating Pharmacy to support the processing specified in this Agreement.

g. **Client's Ability to Modify.** Client and Supplier may agree to modify the obligations and responsibilities of Supplier during the tenure of this Agreement upon written request delivered to Supplier in the manner described below. In such event, and upon acceptance by Supplier of the modification(s) Client agrees to be responsible for additional normal and customary fees and expenses, at the then prevailing rate charged by Supplier, required to effectuate such modification(s).

h. **Availability of Funds.** Payments made by Client to Supplier pursuant to the terms of this Agreement are conditioned upon the receipt of funds by the Arizona Department of Health Services (ADHS) and in turn the receipt of funds by Client from ADHS authorized for expenditure, in the manner and for the purposes provided in this Agreement. Neither Client nor ADHS shall be liable to Supplier for any purchases, obligations or cost of services incurred by the Supplier in anticipation of such funding.

SECTION THREE

Supplier/Participating Pharmacy Interface

a. **Claims Submission.** Participating Pharmacies will be required to submit bills for Covered Services to Supplier or its designee in accordance with the procedures detailed in the National Council of Prescription Drug Programs (NCPDP) Online Claims Submission Telecommunication Standard, Version 3.2, subject to periodic revision based upon accepted industry standards.

b. **Claims Quality.** Supplier will edit claims information online based upon individual Benefit Plan or Program guidelines. Missing, illegible or erroneous information will cause claims to be rejected and the Participating Pharmacy will be notified online according to the NCPDP standards for communicating such rejections. All such rejected claims must be resubmitted in their entirety.

c. **Participating Pharmacy Reimbursement Calculation.** Participating Pharmacy Reimbursement Calculation for each claim submitted will be accomplished by applying a pharmacy Benefit Plan and/or Program-specific algorithm which will cover various combinations of AWP, MAC, generic incentive amount, days supply, formulary

Liability in writing to all Participating Pharmacies.

c. IN NO EVENT SHALL SUPPLIER, OR ITS EMPLOYEES, AGENTS, SUPPLIERS OR SUB-CONTRACTORS, BE LIABLE FOR ANY LOSS OF PROFITS, LOSS OF DATA, OR ANY SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES HEREUNDER, WHETHER ARISING IN CONTRACT (INCLUDING FUNDAMENTAL BREACH), TORT (INCLUDING NEGLIGENCE) OR OTHERWISE WITH RESPECT TO ANY CLAIM ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT.

d. THE PARTIES AGREE THAT SUPPLIER'S LIABILITY FOR ANY CLAIMS MADE IN CONNECTION WITH THIS AGREEMENT, WHETHER ARISING IN CONTRACT (INCLUDING FUNDAMENTAL BREACH), TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, SHALL NOT IN THE AGGREGATE EXCEED THE AMOUNTS ACTUALLY PAID BY CUSTOMER TO SUPPLIER IN THE ONE-YEAR PERIOD PRECEDING THE DATE OF THE CAUSE OF ACTION GIVING RISE TO THE FIRST CLAIM BY CUSTOMER AGAINST SUPPLIER, PROVIDED THAT THIS LIMITATION SHALL NOT APPLY TO ANY CLAIM FOR PERSONAL INJURY (INCLUDING DEATH) CAUSED BY THE WRONGDOING OR GROSS NEGLIGENCE OF SUPPLIER. CUSTOMER SHALL NOTIFY SUPPLIER OF ANY CLAIM WITHIN A PERIOD OF SIXTY (60) DAYS AFTER THE DATE ON WHICH CUSTOMER BECOMES AWARE OR SHOULD REASONABLY BE AWARE OF THE CLAIM.

SECTION FIVE **Confidentiality**

Supplier will maintain the confidentiality of information contained in Covered Individuals' medical records and will only release such records: (a.) in accordance with this Agreement, (b.) subject to applicable laws, regulations, or orders of any court of law, (c.) as necessary, and with the Covered Individual's written consent, to other providers treating the Covered Individual, or (d.) with the written consent of the Covered Individual.

The RxCLAIM System and the ideas and concept and the expressions thereof are acknowledged by Client to be confidential proprietary information and trade secrets belonging to Supplier, in which Client has no interest and no right to access thereof except as granted by this Agreement. Client agrees that it shall not, and it shall not permit others to, at any time, without prior written permission of Supplier, copy, duplicate or download any object programs, record layouts, or database design documents of the System and related documentation, and Client shall not transfer all or any portion of the System or its ideas and concepts other than for Client's own use.

Neither Client nor Supplier shall disclose any confidential information or knowledge of the other party learned or acquired as a result of the operations of this Agreement, except as otherwise required by applicable law or regulations. Supplier may, however use such data and information for statistical and analytical purposes. The provisions of this Section shall survive the termination of this Agreement.

Liability in writing to all Participating Pharmacies.

c. IN NO EVENT SHALL SUPPLIER, OR ITS EMPLOYEES, AGENTS, SUPPLIERS OR SUB-CONTRACTORS, BE LIABLE FOR ANY LOSS OF PROFITS, LOSS OF DATA, OR ANY SPECIAL, INDIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES HEREUNDER, WHETHER ARISING IN CONTRACT (INCLUDING FUNDAMENTAL BREACH), TORT (INCLUDING NEGLIGENCE) OR OTHERWISE WITH RESPECT TO ANY CLAIM ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT.

d. THE PARTIES AGREE THAT SUPPLIER'S LIABILITY FOR ANY CLAIMS MADE IN CONNECTION WITH THIS AGREEMENT, WHETHER ARISING IN CONTRACT (INCLUDING FUNDAMENTAL BREACH), TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, SHALL NOT IN THE AGGREGATE EXCEED THE AMOUNTS ACTUALLY PAID BY CUSTOMER TO SUPPLIER IN THE ONE-YEAR PERIOD PRECEDING THE DATE OF THE CAUSE OF ACTION GIVING RISE TO THE FIRST CLAIM BY CUSTOMER AGAINST SUPPLIER, PROVIDED THAT THIS LIMITATION SHALL NOT APPLY TO ANY CLAIM FOR PERSONAL INJURY (INCLUDING DEATH) CAUSED BY THE WRONGDOING OR GROSS NEGLIGENCE OF SUPPLIER. CUSTOMER SHALL NOTIFY SUPPLIER OF ANY CLAIM WITHIN A PERIOD OF SIXTY (60) DAYS AFTER THE DATE ON WHICH CUSTOMER BECOMES AWARE OR SHOULD REASONABLY BE AWARE OF THE CLAIM.

SECTION FIVE **Confidentiality**

Supplier will maintain the confidentiality of information contained in Covered Individuals' medical records and will only release such records: (a.) in accordance with this Agreement, (b.) subject to applicable laws, regulations, or orders of any court of law, (c.) as necessary, and with the Covered Individual's written consent, to other providers treating the Covered Individual, or (d.) with the written consent of the Covered Individual.

The RxCLAIM System and the ideas and concept and the expressions thereof are acknowledged by Client to be confidential proprietary information and trade secrets belonging to Supplier, in which Client has no interest and no right to access thereof except as granted by this Agreement. Client agrees that it shall not, and it shall not permit others to, at any time, without prior written permission of Supplier, copy, duplicate or download any object programs, record layouts, or database design documents of the System and related documentation, and Client shall not transfer all or any portion of the System or its ideas and concepts other than for Client's own use.

Neither Client nor Supplier shall disclose any confidential information or knowledge of the other party learned or acquired as a result of the operations of this Agreement, except as otherwise required by applicable law or regulations. Supplier may, however use such data and information for statistical and analytical purposes. The provisions of this Section shall survive the termination of this Agreement.

**SECTION SIX
HIPAA SUPPLIER/BUSINESS PARTNER PRIVACY PROTECTIONS**

a. Until the expiration of four years after the furnishing of the services called for by this Agreement, and if and to the extent, and so long as, required by law and not otherwise, Supplier shall make available upon request to the United States Department of Health and Human Services ("HHS"), the United States Comptroller General, the Office of Civil Rights (OCR), and their representatives, this Agreement and all other books, documents and records as are necessary to certify the nature and extent of the costs incurred by Client in purchasing services under this Agreement, and if Supplier provides such services through a subcontract worth \$10,000 or more over a twelve-month period with a related organization, such subcontract shall also contain a clause permitting access by the HHS, the United States Comptroller General, OCR, and their representatives to books and records of such related organization. In all events, Supplier shall immediately notify Client upon receipt by Supplier of any such request for this Agreement and any other books, documents, and records; and shall provide Client with copies of any such materials.

b. Furthermore, if and to the extent, and so long as, required by law and not otherwise, Supplier does hereby assure Client that Supplier will appropriately safeguard protected health information made available to or obtained by Supplier. In implementation of such assurance and without limiting the obligations of Supplier otherwise set forth in this Agreement or imposed by applicable federal law, Supplier hereby agrees to comply with applicable requirements of law relating to protected health information and with respect to any task or other activity Supplier performs on behalf of Client, to the extent Client would be required to comply with such requirements, provided, however, that except as otherwise expressly set out in this Agreement, Client shall keep Supplier informed from time to time of all such requirements of state law that would result in Supplier being subject to any obligation not otherwise expressly set out in this Agreement. The agreement of Supplier set forth in the two preceding, and the following sentences, and the additional provisions relating to permitted and required uses of protected health information, constitute a contract between Client and Supplier establishing the permitted and required uses and disclosures of such protected health information by Supplier.

c. In amplification and not in limitation of the foregoing provisions of this Agreement including this Section of this Agreement, Supplier agrees that Supplier will:

- (i.) Not use or further disclose such information other than as permitted or required by this Agreement and without Client's prior written approval;
- (ii.) Not use or further disclose the information in a manner that would violate the requirements of applicable law, if done by Client;
- (iii.) Use appropriate safeguards to prevent use or disclosure of such information other than as provided for by this Agreement;
- (iv.) Report to Client any use or disclosure of such information not provided for by

this Agreement of which Supplier becomes aware;

- (v.) Ensure that any subcontractors or agents to whom Supplier provides protected health information received from Client agree to the same restrictions and conditions that apply to Supplier with respect to such information, and Supplier shall provide Client with written notice of any subcontractors which do, or may in the future, receive Covered Individuals' protected health information. Notwithstanding the foregoing, Supplier shall not enter, without Client's prior written approval, into any subcontracts in which Client data or Covered Individual's protected health information will be shared;
- (vi.) Make available protected health information in accordance applicable with law;
- (vii.) If, and to the extent, and so long as, required by law and not otherwise, make Supplier's internal practices, books, and records relating to the use and disclosure of protected health information received from Client available to the Secretary of the United States Health and Human Services, and representatives of the OCR, for purposes of determining Client's compliance with applicable law (in all events, Supplier shall immediately notify Client upon receipt by Supplier of any such request, and shall provide Client with copies of any such materials);
- (viii.) At termination of this Agreement, return or destroy all protected health information received from Client that Supplier still maintains in any form and retain no copies of such information, provided, however, that Supplier shall be entitled to retain after termination of this Agreement any data, and any books, documents or records relating to any Service performed hereunder, for archival purposes, and for such other purposes as may be necessary to permit Supplier to perform any obligations or to exercise any right which may survive termination of this Agreement; and
- (ix.) Incorporate any amendments or corrections to protected health information when notified pursuant to applicable law, provided however, that if the amendments or corrections are required for any reason other than any failure of default by Supplier in the performance of its obligations hereunder, Client shall pay for any services performed by Supplier making such changes in accordance with the rates set out in Exhibit VIII.

d. The individuals whose protected health information is disclosed under this Section of this Agreement are intended third party beneficiaries of the provisions of this Section of this Agreement.

e. Without limiting the rights and remedies of Client elsewhere set forth in this Agreement or available under applicable law, Client may terminate this Agreement without penalty or

recourse to Client if Client determines that Supplier has committed an intentional violation of a material term of the provisions of this Section of this Agreement, or if such violation is imminent and material.

SECTION SEVEN

Limitation on Billing Covered Individuals or Members

Supplier agrees that in no event, shall Supplier bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Covered Individual or persons other than Client acting on the Covered Individual's behalf for Covered Services provided pursuant to this Agreement. This provision shall not prohibit collection of any applicable Copayments, Deductibles, or Coinsurance amounts billed in accordance with the terms of contract between Client and the Covered Individual. This provision shall not prohibit collection for non-Covered Services or from third parties when such parties are primarily responsible for paying Covered Services.

Supplier further agrees that: (a.) this provision shall survive the termination of this Agreement regardless of the cause giving rise to termination; and (b.) shall be construed to be for the benefit of Client's Covered Individuals.

SECTION EIGHT

Access to Books and Records

Supplier will maintain medical, financial and administrative records pursuant to this Agreement, in accordance with applicable Federal and state laws. Client, its authorized representatives and duly authorized third parties, such as but not limited to governmental and regulatory agencies, will have the right to inspect, review and make copies of such records directly related to this Agreement, upon reasonable notice, during regular business, subject to the valid release that Client obtains from such Covered Individuals or their legal representatives. Those records may be examined and audited by Client throughout the year in which they are established and for a period of five (5) years thereafter. This provision shall survive the termination of this Agreement.

SECTION NINE

Relationship of Parties

Supplier and Client are independent contractors. This Agreement will not create an employer-employee, partnership or joint venture relationship between Supplier and Client or their respective directors, officers, employees or agents.

This Agreement shall not be deemed to create any rights or remedies in persons who are not parties to this Agreement except as otherwise set forth in this Agreement.

SECTION TEN

Dispute Resolution Procedures

The parties shall make a good faith effort to resolve any disputes arising during the term of this Agreement. If they are unable to resolve the dispute through informal discussions, either party may submit a written complaint to the other party describing and proposing a manner of resolving that dispute.

The party receiving that complaint shall respond by accepting, rejecting, or modifying that proposal, in writing, within thirty (30) days of the date that it receives the complaint.

If the parties are still unable to resolve the dispute, either party may submit the dispute to binding arbitration in accordance with the rules and regulations of the American Arbitration Association, unless the parties mutually agree to some other arbitration procedure. The parties shall share equally in the cost of arbitrating such disputes.

This dispute resolution procedure shall not be applicable to disputes concerning procedures or policies that Client is required to implement pursuant to applicable State or Federal regulations or directives.

Client shall be responsible for resolving disputes with Participating Pharmacies and Covered Individuals or Members. Client shall be entitled to request a written explanation from Supplier, if such dispute is directly or indirectly the result of Supplier's act or omission. Supplier further agrees to make representatives who are knowledgeable about the factual circumstances giving rise to such dispute available at Client's request to participate in resolving such disputes.

SECTION ELEVEN

Term of Agreement

The initial term of this Agreement will be from September 1, 2001, through June 30, 2003, (the "Initial Term"). THE AGREEMENT WILL BE AUTOMATICALLY RENEWED FOR ADDITIONAL TWELVE (12) MONTH TERMS ("RENEWAL TERM") UNLESS TERMINATED PURSUANT TO SECTION TWELVE BELOW OR IN THE EVENT CLIENT'S CONTRACT WITH THE ADHS AS THE REGIONAL BEHAVIORAL HEALTH AUTHORITY FOR MARICOPA COUNTY, ARIZONA, IS NOT RENEWED FOR THE TIME PERIOD BEGINNING JUNE 30, 2003.

SECTION TWELVE

Termination

- a. This Agreement may be terminated at any time by mutual written consent of the parties.
- b. This Agreement may be terminated without cause upon the expiration date of the initial or any subsequent term by either party, with ninety (90) days prior written notice.

c. Either party may terminate this Agreement for cause upon sixty (60) days written notice to the other party specifying the manner in which that party has materially breached its obligations pursuant to the Agreement. The Agreement shall terminate automatically at the expiration of such sixty (60) day period if that party has not cured its breach within such period and delivered evidence of such cure to non-breaching party or has not provided a plan for cure of said breach which is acceptable to the non-breaching party.

d. This Agreement may be terminated without the consent of or notice to any Account, Covered Individual, other Participating Providers or other third parties.

SECTION THIRTEEN

Effect of Termination

The Agreement will be of no further force or effect as of the date of termination except that:

a. Each party will remain responsible for any obligations or liabilities arising from activities carried on by the party, its agents or employees during the period the Agreement remains in effect. Each party will retain the right to seek any redress available under law for any loss or injury caused by the other party as a result of that party's breach of its obligations under this Agreement.

b. The parties shall cooperate to promptly resolve any outstanding financial, administrative or patient care issues upon the termination of this Agreement. Supplier agrees not to initiate any action that interferes with the relationship between Client and current or prospective members, Accounts or other Participating Providers during the term of this Agreement, with the exception of any legal proceedings pursuant to Client's obligations to Supplier under the terms of this Agreement. Supplier shall retain all records pertaining to this Agreement in accordance with applicable Federal and state law.

c. If the Agreement is terminated by Client without cause prior to the end of a term, Client is responsible for the guaranteed monthly minimum specified in Exhibit I from the date of termination through the end of the Initial Term or the Renewal Term.

SECTION FOURTEEN

Non-Exclusivity

This Agreement shall not be construed to be an exclusive agreement between Client and Supplier, nor shall it be deemed to be an agreement requiring Client to utilize Supplier for any or all of its Benefit Plans or Programs, nor shall it preclude Client from transferring Covered Individuals or Programs to other Pharmacy Online Transaction Processing Vendors.

SECTION FIFTEEN

References to the Parties

Supplier and Client consent to lawful references to this Agreement in informational

documents distributed by both parties and any third party on behalf of either party. Neither party will otherwise use the other party's name, symbol, trademarks or services marks without the prior written consent of that party, which shall not be unreasonably withheld, and will cease any such use as soon as is reasonably possible upon termination of this Agreement.

SECTION SIXTEEN

Amendment

Any amendments to the Agreement or its Exhibits will be effective only if in writing and signed by Supplier and Client. Revisions of the Payor Sheet or Medical Management policies or procedures shall not constitute amendments of the Agreement or its Exhibits, provided such revisions do not conflict with the terms of this Agreement or the Exhibits.

SECTION SEVENTEEN

Waiver of Breach

Waiver of a breach of any provision of this Agreement will not be deemed a waiver of any subsequent breach of the Agreement.

SECTION EIGHTEEN

Severability

In the event that a provision of this Agreement is rendered invalid or unenforceable by state or Federal statute or regulations or declared null and void by any court of competent jurisdiction, the remaining provisions of this Agreement will remain in full force and effect.

SECTION NINETEEN

Entire Agreement

This Agreement, its Exhibits, and any documents incorporated by reference constitute the entire Agreement between the parties. It supersedes any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of this Agreement.

SECTION TWENTY

Attorney Fees

If either party institutes any action, suit or arbitration proceeding to enforce the provisions of this Agreement, each party shall be responsible for its own costs and attorney fees.

SECTION TWENTY-ONE

Assignment and Sub-Contracting

Neither party shall assign to or contract with another party for the performance of its obligations under this Agreement without the prior written consent of the other party, which

shall not be unreasonably withheld. This Agreement will be binding upon and inure to the benefit of the respective successors and assigns of Client and Supplier except as provided in this Section.

SECTION TWENTY-TWO Impossibility of Performance

Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing its obligations for reasons beyond its control, including without limitations, acts of God or of the public enemy, flood or storm, strikes, or statute, rule or action of Federal, State or local government agency.

SECTION TWENTY-THREE Warranty of Authority and Disclaimer

a. Supplier warrants that it shall cause any services hereunder to be provided with reasonable care in accordance with industry standards. Supplier's sole liability and obligation in respect of such warranty shall be to re-perform any services for which Supplier has been in breach of such warranty, provided that Supplier has received notice of such breach within ninety (90) days of the occurrence.

b. Except as otherwise provided for in Section A, above, THE EXPRESS WARRANTIES CONTAINED IN THIS AGREEMENT BY SUPPLIER ARE IN LIEU OF, AND SUPPLIER EXPRESSLY DISCLAIMS, ANY AND ALL OTHER REPRESENTATIONS, WARRANTIES OR CONDITIONS WITH RESPECT TO THE SUBJECT MATTER HEREOF, WHETHER EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, INCLUDING WITHOUT LIMITATION, ANY IMPLIED WARRANTIES OR CONDITIONS OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR OF QUALITY, PRODUCTIVENESS OR ACCURACY.

c. If Supplier is enjoined or is threatened to be enjoined from using any component of the RXCLAIM System used by Supplier in order to provide any services hereunder on the grounds that the use of any such component infringes any copyright or patent right of any third party in the United States, Supplier at its option and expense will replace or modify and such infringing component, but if Supplier is unable to do so on reasonable commercial terms, Supplier may terminate this Agreement on sixty (60) days notice to Customer without further liability or obligation to Customer. This Section 23 (c) sets forth Supplier's sole obligation, and Customer's sole remedy, for any claim for infringement of any third person's proprietary or other rights. Supplier's obligations hereunder with respect to infringement shall not apply where such claims arise as a result of the use by Supplier of any equipment, software, information, specifications or instructions provided by the Customer.

SECTION TWENTY-FOUR
Notice to Parties

All notice provided for herein shall be in writing and delivered in person, or, in the alternative, by delivering same via United States Mail, postage prepaid, registered or certified mail, or if sent by confirmed facsimile transmission, addressed as follows or to such other address as the party may specify in writing:

Notice Directed to Client:

ValueOptions, Inc.
444 N. 44th Street, Suite 400
Phoenix, AZ 85008
ATTN: Contracts Director

Notice Directed to Supplier:

Systems Xcellence USA Inc.
2505 S. Finley Road, Suite 110
Lombard, Illinois 60148
ATTN: CONTRACT ADMINISTRATION

SECTION TWENTY-FIVE
Notification of Actions

Supplier will promptly notify Client as soon as Supplier becomes aware of any material changes affecting their ability to comply with its duties and obligations pursuant to this Agreement such as the issuance of any formal charges against Supplier by any governmental agencies or any licensing or accreditation organization which would, if sustained, materially impair Supplier's ability to comply with its duties and obligations pursuant to this Agreement.

SECTION TWENTY-SIX
Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois and applicable Federal laws and regulations.

IN WITNESS WHEREOF, the parties have executed this Agreement intending to be bound on and after the date set forth in Section Eleven above.

SUPPLIER

Systems Xcellence USA Inc.:

Signature: 

Name: Gordon S. Glenn

Title: President & CEO

Date: 10/4/01

Client:

ValueOptions, Inc.

Signature: 

Name: Michael R. Zent, Ph.D.

Title: CEO, Maricopa County RBHA

Date: September 26, 2001

EXHIBIT I

RxCLAIM: Online Transaction Processing

A transaction is defined as an occurrence of each claim, reversal, or other authorized NCPDP formatted submission. A transaction is counted as processed when a recognized response status is generated.

On-Line Service Bureau

Base Fee per Transaction Includes:
 RxCLAIM Claims Processing
 RxTRACK Data Warehouse
 Pharmacy Help Desk

Transactions Per Month	Fee Per Transaction
Less than 499,999	\$0.20
500,000 – 999,999	\$0.19
1,000,000 – 1,499,999	\$0.18
Over 1,500,000	\$0.17

Monthly Minimum Fee: \$5,000.00

Manual

Supplier Data Entry:	
Pharmacy Reimbursement	
UCF	On-Line Txn Fee + \$2.50
Other	On-Line Txn Fee + \$5.00
Member Reimbursement	
NCPDP DMR Form	On-Line Txn Fee + \$3.00
Other	On-Line Txn Fee + \$6.00
Client Data Entry:	On-Line Txn Fee

Batch (History, Submission, Data Analysis)

Supplier Format	\$0.05 per Txn
Custom Format	\$0.05 per Txn + Consulting Rate II (see Exhibit VIII for Rate Schedule)

EXHIBIT II

RxCLAIM: Files

Format	
Supplier Standard	Included
First Custom Re-Format	Included
Additional Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)
Media	
Electronic	
Supplier Standard	Included
Non-Standard	Consulting Rate II
Hard Copy Data Entry	Consulting Rate I (see Exhibit VIII for Rate Schedule)
Transfer Methodology	
TBD	

Data Inputs

<u>Type</u>	Eligibility	(Group, Member)
	Provider	(Pharmacy, Prescriber)
	History	(Paid Claims*, Prior Auths, Deductible, Benefit Max)
	Plan	(Formularies)
	Other	

Load Frequency

TBD

Load Type

Update	Included
Daily Full File Refresh	\$750 per Month
Weekly Full File Refresh	\$100 per Month
Monthly/Quarterly Full File Refresh	Included

*Paid Claims History is loaded at the batch transaction rate (see Exhibit I).

EXHIBIT II**RxCLAIM: Files*****Data Outputs*****Type**

Supplier Standard	Included
NCPDP Version 2 Billing	
NCPDP Version 2 Payment	
Other Supplier Standard Formats	
Custom Format	Consulting Rate II

Frequency

Twice-Monthly or Monthly	Included
Weekly	\$250 Per Month
Daily	\$1000 Per Month

Occurrence

1 File Generated	Included
> 1 File Generated	\$100 per additional File

Distribution

Client Retrieval	Included
Supplier Electronic Transfer	\$25 per Transfer
Tape Media	\$50 per Tape (if not returned within 90 days)

EXHIBIT III**RxCLAIM: Payment Processing****File**Format

Supplier Format	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Media

Electronic	
Supplier Standard	Included
Non-Standard	Consulting Rate II

Frequency

Payment Cycle	Included
---------------	----------

Transfer Methodology

TBD

DisbursementReports

Cash Requirements Report
Checks
Check Register
Remittance Advice Hard Copy
NCPDP Version 2 Payment Tape (average > 100 claims per cycle per payee)
(Remittance Advice and Payment Tape/Single Payee \$100 per tape)
Explanation of Benefits

Supplier Format	Included
Custom Format	Consulting Rate II (see Exhibit VIII for Rate Schedule)

Distribution

Client	Included
Supplier	Consulting Rate II

EXHIBIT IV**RxCLAIM: Reports****Operational**Supplier Standard
Custom FormatIncluded
Consulting Rate II
(see Exhibit VIII for Rate Schedule)**Management**Supplier Standard
Custom Formatsee below
Consulting Rate II
(see Exhibit VIII for Rate Schedule)**Media**

Paper

\$.07 per page

Electronic

300,000 Pages/Contract Year
Additional PagesIncluded
\$.03 per page

CD-ROM

20 CDs/Contract Year
Additional CDsIncluded
\$75 each**Distribution**

File Transfer

Included

Ground Service

Incurred Postage + 20% Handling

Express Service

Charged to Supplier

Incurred + 20% Handling Fee

Charged to Client

N/A

QuerySupplier Standard
Custom\$100 per Query Report
Consulting Rate II
(see Exhibit VIII for Rate Schedule)

EXHIBIT V

RxTRACK

Outputs

Data Cubes	Included	Additional
RxCLAIM Information Base Cube ¹	1 per month	\$700 one-time setup; \$100 per month
RxCLAIM Focus Cube ²	0	\$700 one-time setup; \$100 per month
RxCLAIM Custom Cube ³	0	\$700 one-time setup; \$100 per month

Remote Query Access

Showcase Query Capabilities

Client

1 Seat

Included

Additional Seats

\$250/Seat/Month

Client's Client

Each Seat

\$250/Seat/Month

PC Based Analytical Tools

COGNOS Power Play

1 Seat

Included

Additional Seats

\$795/Seat + 20% Annual Maint.

Showcase Strategy

Included

Distribution (see Exhibit II)

Data Retention

15 Months

Included

Each Additional Month

\$0.005 per Txn

¹ Client can choose from current base cubes available (e.g. Paid Claims Summary, Rejected Claims Summary, DUR, Pharmacy Summary, and Physician Summary). Additional cubes may be developed over time – contact your Supplier representative.

² Focus cubes are subsets of the summary data providing greater detail. (e.g. Physician Detail Cube focuses on one provider or group of providers listing each patient and their respective medications.)

³ Custom cubes, like custom reports, are billed as time and material to develop the Client-specific data cubes. (e.g. disease specific or containing unique data elements requested by Client.)

EXHIBIT VI

RxCLAIM: Miscellaneous Services

Connectivity

Service Provider Charges

As already established from prior agreement

User Security for Operational Databases

10 On-Line User IDs	Included
Additional User IDs	\$100/User ID/Month
Client Access	\$250/User ID/Month

Data Retention

Operational

On-Line	
15 Months	Included
Each Additional Month	\$0.005 per Txn

Informational

Base Extract	
On-Line	
15 Months	Included
Each Additional Month	\$0.005 per Txn
Off-Line	
5 Years	Included
Restore Archived Data	
Once per Contract Year	Included
Each Additional Restore	\$500
Custom	Consulting Rate II

Call Center Support Service

Monday – Friday	8:00AM - 9:00PM	CST
Saturday – Sunday	8:30AM - 5:00PM	CST
Holidays	As Announced	

Support Service Fees

Prior Auth Physician Calls	\$10.00 per Call
Prior Auth Protocols	TBD

EXHIBIT VII**RxCLAIM: Training & Documentation****Training****RxCLAIM**

User Training
Additional User Training
Technical Training

8 days Included
Consulting Rate II
Consulting Rate III
(see Exhibit VIII for Rate Schedule)

RxTRACK

User Training

Consulting Rate II
(see Exhibit VIII for Rate Schedule)

Documentation**User Manuals**

RxCLAIM/RxTRACK Standard
2 Sets
Additional Sets
Custom

Included (provided under prior agreement)
\$50 per Chapter
Consulting Rate II
(see Exhibit VIII for Rate Schedule)

EXHIBIT VIII

Consulting Rate Schedule

Hourly Consulting Rates	Rate Per Hour ¹
Rate I: Data Entry, Travel Time	\$60.00
Rate II: Programming, Queries, Tech. Support, Application Training	\$120.00
Rate III: Business Analysis, On-Site Tech. Support, Technical Training	\$180.00
Rate IV: Strategic Planning, Sales & Marketing	\$240.00

Travel at Client Request

Transportation	Reasonable as Incurred
Lodging	Reasonable as Incurred
Meals	Reasonable as Incurred

Sales and Marketing Support

Request for Proposal Assistance	Consulting Rate II
Marketing Materials Assistance	Consulting Rate II
Presentation Attendance	Consulting Rate IV
Strategic Planning	Consulting Rate IV

Professional Services

Clinical Programs	Consulting Rate III
Formulary Development	Consulting Rate III
Benefit Analysis	Consulting Rate III

Services not identified above will be quoted upon request.

¹ Supplier reserves the right to increase rates annually.

EXHIBIT IX

Supplier PERFORMANCE GUIDELINES

Supplier will measure performance quarterly and shall report results to client. The performance will be measured for Supplier's service bureau book of business.

On-Line Transactions

Local

Average < 3 Seconds per Transaction*
(From when the transaction enters RxCLAIM
and when it leaves RxCLAIM System)

System Availability

Average > 98% Availability*
(24 hours per day, 7 days per week)

Manual Claim Entry

Member Reimbursement

Not to Exceed 10 Business Days of Receipt

Pharmacy Reimbursement

Not to Exceed 15 Business Days of Receipt

Batch Claims Processing

Initial History on Implementation

5 business days to load every thirty (30) days
of history

Claims History

After conversion load, every thirty (30) days of
history will be loaded within ten (10) business
days of receipt

Interactive Users

Screen Changes

Average < 3 Seconds*
(From entry key to screen coming up on 5250
terminal)

Eligibility Loads

Group, Member, Provider

Not to Exceed 36 Hours of Receipt

Call Center Support Services

Average Wait

45 Seconds*

Abandon Rate

Not to Exceed 5%*

EXHIBIT IX (cont.)**Supplier PERFORMANCE GUIDELINES**Payment Process Deliverables Based on Cycle Date

Disbursement File	Not to Exceed 3 Business Days
Reports	Not to Exceed 3 Business Days (from Receipt of Return Disbursement File with Check Numbers)
Supplier Standard Extract File	Not to Exceed 7 Business Days

Management Report Deliverables Based on Calendar Date

Monthly	Not to Exceed 10 Business Days
Quarterly	Not to Exceed 20 Business Days
Yearly	Not to Exceed 30 Business Days

*monitored via quarterly reports

EXHIBIT X

STANDARD MANAGEMENT REPORTS

MANAGEMENT ACTIVITY REPORTS	
Utilization Summary	RXCL1013
Monthly Utilization Summary	RXCL1015
Monthly Summary of Key Data	RXCL1031
Network Comparison Utilization Summary	RXCL1080
MAC Savings Report	RXCL1091
MEMBER UTILIZATION REPORTS	
Employee / Member Listing	RXCL2001
Deductible / Benefit Max Summary	RXCL2002
Utilization Summary by Member - Ranked by Total Benefit Dollars Paid	RXCL2005
Member Utilization Detail W/Neg	RXCL2010
Member Utilization Detail	RXCL2016
Member Utilization Detail (Submitted Cost Optional)	RXCL2016C
Member Utilization Detail (with Total Price)	RXCL2017
Employee / Subscriber Utilization Summary	RXCL2018
Member Utilization Detail with Submitted Amounts	RXCL2019
Group Utilization Summary W/Neg	RXCL2020
Group Utilization Summary W/Neg (Totals & Averages)	RXCL2022
Group ID Card Request History	RXCL2024
Facility Utilization Summary	RXCL2026
Age / Sex Utilization Summary	RXCL2030
Member Maintenance Drug Utilization Detail	RXCL2040
Member Prior Authorization Detail	RXCL2060
Eligibility Counts	RXCL2070
Claims After Coverage Terminated	RXCL2200

EXHIBIT X

STANDARD MANAGEMENT REPORTS (cont.)

Monthly & Summary Aging Report	RXCL2500
Member Utilization Detail – Hold Claims	RXCL2600
DRUG USAGE REPORTS	
Therapeutic Class Profile Summary	RXCL3010
Therapeutic Class Detail	RXCL3020
Brand / Generic Utilization Summary	RXCL3030
Drug Usage Summary	RXCL3050
Drug Usage Detail	RXCL3060
Drug Cost Ranking Summary	RXCL3070
Product Cost Ranking Summary	RXCL3075
Drug Usage Ranking Summary	RXCL3080
Product Usage Ranking Summary	RXCL3085
Drug Cost Ranking By Specialty	RXCL3090
Drug Usage Ranking By Specialty	RXCL3100
Drug Cost Ranking By Prescriber	RXCL3110
Drug Usage Ranking By Prescriber	RXCL3120
Drug Therapeutic Class Cost Ranking Summary	RXCL3130
Drug Therapeutic Class Usage Ranking Summary	RXCL3140
Drug Rebate Summary	RXCL3150
Manufacturer Rebate Summary	RXCL3154
Drug Rebate Detail	RXCL3160
PHARMACY PROVIDER REPORTS	
Pharmacy Provider Utilization Summary	RXCL4011
Pharmacy Provider Utilization Summary (with Averages)	RXCL4015
Pharmacy Provider Claims Detail	RXCL4020

EXHIBIT X

STANDARD MANAGEMENT REPORTS (cont.)

Pharmacy Provider Claims Summary - Withhold Amounts	RXCL4022
Total Transactions Processed (Admin. Fee)	RXCL4025
Total Transactions Processed (by Pharmacy)	RXCL4026
Pharmacy Provider Generic Substitution Summary	RXCL4035
Pharmacy Provider Performance Summary	RXCL4040
Pharmacy Summary Of Errors	RXCL4050
Pharmacy Formulary Compliance Detail (by Amount Paid)	RXCL4090
PRESCRIBER REPORTS	
Prescriber Utilization Summary by Specialty	RXCL5010
Prescriber Activity Detail	RXCL5020
Prescriber Analysis Summary	RXCL5030
Prescriber Utilization Summary Ranked By Cost	RXCL5040
Prescriber Utilization Summary Ranked By Volume	RXCL5050
Prescriber Utilization Detail Ranked By Cost	RXCL5060
Prescriber Detail Sorted by NABP, RX Number	RXCL5061
Prescriber Utilization Detail Ranked By Volume	RXCL5070
Prescriber Formulary Compliance Detail By Amount Paid	RXCL5090
Prescriber Summary Ranked By Formulary Non-Compliance	RXCL5100
UTILIZATION REVIEW	
Rx Detail By Member Number Of Claims	RXCL6010
Rx Detail Audit By Membership	RXCL6016
Rx Detail By Member Cost Of Claims	RXCL6020
Rx Detail By Member / Duplicate Drug Different Prescribers	RXCL6030
Rx Detail By Member / Duplicate Drug Different Provider	RXCL6040
Rx Detail By Member / Duplicate Drug Within (X) Days	RxCL6050

EXHIBIT X**STANDARD MANAGEMENT REPORTS (cont.)**

Rx Detail By Member Therapeutic Class Duplication	RXCL6060
Rx Detail By Member More Than (X) Prescribers	RXCL6070
DUR Savings Detail By Member	RXCL9010
DUR Savings Detail By Pharmacy	RXCL9020
DUR Savings Summary	RXCL9050
PLAN AND PRICE SCHEDULE LISTING REPORTS	
Print Plan Details	RCPLN020
GPI Average Price Report	RCDMF012
GPI Average Price Report by Generic Name	RCDMF015

**EXHIBIT XI
DRUG UTILIZATION REVIEW PROGRAM**

DUR MODULES
Acute Verses Maintenance Dose Editing
Drug Regimen Compliance Checking
Drug To Allergy Editing
Drug To Drug Interaction Edits
Drug To Diagnosis Caution Messages
Drug To Inferred Health State Checks
Dosage Range Checking
Drug Overuse Editing
Drug To Age Checking
Drug To Sex Editing
Duplicate Therapy Checking
Duplicate Prescription Checking

DISCLAIMER: THE EFFECTIVENESS OF ANY DRUG UTILIZATION REVIEW PROGRAM IS IN MANY RESPECTS DEPENDENT UPON THE AVAILABILITY OF CERTAIN DETAILED PATIENT AND PHYSICIAN DATA. PATIENT ALLERGIES, HEALTH CONDITIONS, PHYSICIAN SUPPLIED DIAGNOSIS CODES AND PRIOR PRESCRIPTION HISTORY ARE CRITICAL FOR A COMPREHENSIVE ANALYSIS. SUPPLIER WILL NOT BE RESPONSIBLE FOR INACCURACIES IN DATA PROVIDED BY CLIENT TO SUPPORT ANY DRUG UTILIZATION REVIEW COMPONENTS, AND SPECIFICALLY DISCLAIMS ANY RESPONSIBILITY TO PROVIDE DRUG UTILIZATION REVIEW FOR THOSE COMPONENTS WHICH REQUIRE DETAILED INFORMATION ABOUT CLIENT'S MEMBERS WHICH HAVE NOT BEEN SUPPLIED TO SUPPLIER BY CLIENT.

**EXHIBIT XII
DEFINITION OF TERMS**

Term	Definition
Accounts	Those entities with which Client has agreed to provide coverage to such entities' employees and their eligible dependents. The termination of the agreement between Client and an Account terminates the eligibility of the Account's employees and their dependents to receive reimbursement for Covered Services from Client, except as required by law.
Benefit Plan	The Covered Prescription Drug Services, Copayments, Deductible, or Coinsurance requirements, limitations and exclusions of the Agreement between Client and a Covered Individual or Account.
Claim Online Transaction Processing	The process of settling claims, from submission through disposition, between two or more parties.
Claim Form	The document, magnetic medium or computer communication submitted by a Participating Pharmacy which itemizes the Covered Prescription Drug Services rendered to Covered Individuals or Members and is submitted in accordance with the procedures and policies set forth in the Payor Sheet.
Coinsurance	That portion of the Client considered charge for Covered Services, calculated as a percentage of the charge for such services, which is to be paid by Covered Individuals.
Copayment or Deductible	A fixed dollar portion of the charge for Covered Services, which is to be paid by Covered Individuals.
Covered Individual (Member)	An individual or member eligible to receive Covered Services under a Client Program.
Medical Director	The physician appointed by Client, or that physician's designee, who is responsible for administering Client's Medical Management Programs.
Participating Pharmacy	A pharmacy or a company which is authorized to represent one or more subsidiary, affiliated, or franchised pharmacies ("Pharmacy Chain") which has been accepted as a Participating Pharmacy and has entered into a participating Pharmacy Agreement with Client and has agreed to provide Covered Prescription Drug Services to Covered Individuals.
Participating Providers	Those physicians, pharmacies, hospitals and other health care providers who have entered into agreements with Client to provide Covered Services to Covered Individuals.
Payor Sheet	The document to be distributed to Participating Pharmacies which describes Supplier's and Client's administrative policies and procedures for claims submission.
Programs	The Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and other types of health care coverage or administrative services which Client offers to Accounts and Covered Individuals.

ValueOptions ASP RxCLAIM OLTP Agreement 9-2001

j. Customer Service Function

Customer Service Philosophy

ValueOptions' customer service philosophy underlies our commitment to provide consumers, family members, and stakeholders with accurate information in an effective, efficient, and compassionate manner. ValueOptions puts the needs and concerns of consumers first and consistently seeks consumer inquiry resolution that is prompt, polite, and responsive.

Although most customer service functions are located in our Customer Service Department, providing excellent services to our customers is key for all ValueOptions staff. Our Network Management, Housing, Finance, and Pharmacy Department staff also perform these functions. Network Development Coordinators respond to issues or inquiries from the provider network. Our Claims Unit Claims Specialists assist providers with questions about claims and perform claims research. Housing Specialists respond to consumer, family, and community housing issues. Additionally, Customer Service Representatives in the Pharmacy Department also staff the Pharmacy Help Desk that processes hospital discharge medications, and calls from pharmacies and other providers.

Accessing Customer Service

ValueOptions' automatic call distribution system (ACD) allows callers to connect directly to a Customer Service Representative (CSR) for assistance. The ACD streamlines the call triage process and ensures that callers are directed quickly to the most appropriate staff member who can address their issues. All calls are recorded for quality monitoring purposes.

Our CSRs respond professionally, with courtesy and respect conveyed in a culturally appropriate manner to all callers. Our CSRs respond to 7,000 to 10,000 calls a month from consumers and families, subcontracted providers, community stakeholders, Arizona Health Care Cost Containment System (AHCCCS) Health Plans, Primary Care Physicians, state agencies, ValueOptions Direct Service Sites, Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) representatives, and other entities that interface with the Regional Behavioral Health Authority (RBHA) system. Our toll-free number (1-800-564-5465) is available 24 hours a day, 7 days a week. Customer service calls are managed by CSRs during normal business hours and by Access Line clinicians after hours and weekends. In addition, CSRs respond by telephone or email to inquiries received via our web site at www.ValueOptions.com/arizona.

Serving Consumers with Limited-English Proficiency

To meet the needs of those consumers and family members with limited English proficiency, 30% of our Customer Service Representatives are bilingual to assist our Spanish-speaking callers. In addition, by March 1, 2004, ValueOptions will add a Spanish Queue into the ACD system to enable our Spanish-speaking callers to immediately connect to a bilingual CSR. ValueOptions also provides interpreter services to consumers who speak languages other than English through MCI's Translation Line, NetworkOmni. This dedicated interpreter service can accommodate more than 150 languages, handled by highly skilled interpreters. Within moments, callers can be connected to one of 2000 professional interpreters to assist with all translation issues.

In addition, CSRs assist hearing or speech-impaired callers through the Special Telecommunication Devices for the Deaf (TDD) installed within our Service Center. Staff members responding to TDD calls follow the same procedures as they would with hearing callers. The TDD line is available 24 hours a day 7 days a week.

Connecting Callers to the Crisis Line

Often, the Customer Service Department receives calls from individuals who actually are in need crisis services. CSRs are trained to identify and quickly address these crisis calls. The CSR notes the caller's phone number, obtains basic identifying information, and remains on the line with the consumer while the call is connected to the Crisis Line. CSRs notify the Customer Service Supervisor and document all actions taken in the ValueOptions data system for purposes of subsequent coordination of care.

Processing Requests for Services and Referrals

Calls related to referral for services are transferred immediately to an Access Line Clinician. The Access Line is staffed with Masters prepared licensed and certified clinical professionals who assist callers to access services, respond to eligibility inquiries, and handle clinical emergencies. Callers requesting referrals for ValueOptions services provide clinical and financial eligibility information to an Access Line Clinician during the triage to determine which intake provider would be most appropriate. The consumer's choice of provider or clinical liaison is solicited. In addition, the clinician obtains basic demographic information from the caller and information regarding the referral source if the caller is someone other than the

consumer. Family members and significant others may call on behalf of a consumer to request services. During the initial call, Access Line Clinicians obtain information regarding any special needs related to a disability, primary languages spoken other than English, and special requests for treatment based on cultural factors. Upon completion of the initial screening, the consumer is scheduled for an intake appointment with a provider, community service agency or the ValueOptions Evaluation Unit for a face-to-face comprehensive intake review for SMI services. More than 90 % of callers received a scheduled appointment within 72 hours of the request for urgent and routine services and within 24 hours for emergency services.

Providing Information on Where and How to Access Services

ValueOptions provides information about the process to access behavioral health services in a number of ways, such as:

- The ValueOptions' Web site provides the community with information regarding: who we are, programs and services, ValueOptions Direct Service Site directory, provider directory, advisory committees, calendar of events, training calendar with on-line registration, Member Handbook, contact information, and other behavioral health related information links. Our Web site can be accessed at www.ValueOptions.com/arizona.
- The Member Handbook provides information on where and how to access behavioral health services. Member Handbooks are distributed to every consumer by the ValueOptions Evaluation Unit, ValueOptions Direct Service Sites clinics, subcontracted providers and by the Customer Service Department.
- Information about access can also be found in ValueOptions brochures, Customer Service information cards and Crisis information cards, which are distributed at health fairs, presentations, community meetings, training events, and are used to inform the community about our services.
- The telephone number for the ValueOptions Crisis Line is listed in the emergency number section of the Maricopa County telephone book.

Logging Complaints

One of the CSRs' most important roles is to resolve complaints and ensure that the individual's issues are resolved in a timely manner. CSRs receive complaints regarding quality of care, timeliness of service, rights violations, contracted providers, ValueOptions Direct Service Sites, pharmacy services, or other service delivery issues. CSRs document the complaint from the caller to determine whether or not it is a rights violation or a treatment appeal. If the complaint is a treatment appeal, the CSR takes the appeal telephonically and forwards it to the Grievance and Appeal Department. If the caller does not wish to file an appeal or a grievance, the CSR records the information regarding the complaint into the complaint call record, which is loaded into our SERVE program's database. We respond to complaints within the following timeframes by:

- responding to complainants within 24 hours if the complaint involves a life-threatening situation or other emergency, a consumer rights violation or negligence on behalf of a ValueOptions or subcontracted provider staff;
- responding to ADHS/DBHS written or telephonic complaints within 24-hours if a priority or 72-hours for routine complaints;
- providing a resolution plan to the complaint within three (3) days if the complaint involves legal or regulatory representatives or is classified as urgent; and
- providing a resolution plan to the complainant within seven (7) days if the complaint is classified as routine rather than emergent or urgent.

The average number of days that informal complaints were resolved in the Customer Service Department for the past year was 2.99 days.

All complaints are documented in the ValueOptions data system. The complaint record and work queue tracks the status of all complaints recorded. The Customer Service Supervisor monitors open complaints daily to ensure compliance with the established time frames. Customer Service Representatives receive extensive training on Grievance and

Appeal policies and procedures and how to manage them. Customer Service Representatives accept telephonic treatment appeals and ensure their receipt by our Grievance and Appeal Department. CSR's are capable of helping consumers with serious mental illness (SMI) file grievances. They review all the protocols regarding grievance and appeals quarterly and keep a binder at their desks containing relevant protocols for ease of reference.

The Customer Service Supervisor, Coordinator and Director conduct weekly audits of complaints for each CSR to monitor for timeliness of resolution, use of the appropriate protocols and proper documentation. Each CSR receives feedback regarding this performance in supervision.

The Customer Service Department maintains the SERVE database, which tracks and trends all consumer complaints/compliments and produces monthly reports regarding numbers and types of complaints. These reports are provided to the Chief Executive Officers of our contracted agencies. We also send copies of the reports to the Vice President of Network Management and Program Development, Vice President of Quality Management, Executive Director of Pharmacy, and the Vice President of Clinical Programs/Direct Services for use in provider profiling and development of process improvement protocols. The Quality Management Department ensures the validity of the data and converts it to trended reports for the Quality Management/Utilization Management (QM/UM) Committee.

Supervision and Comprehensive Training for Customer Service Representatives

To ensure that CSRs are equipped to appropriately respond to the emotionally charged issues presented by all callers, we require that candidates for the CSR positions complete comprehensive training modules prior to independently responding to caller needs. These extensive training programs ensure that CSRs understand ValueOptions' dedication to serving consumers and the community in a manner that is respectful and courteous and that embodies the system principles that are the foundation of the delivery system.

All CSRs also receive ongoing on-the-job training to ensure efficiency, courtesy, and sensitivity when responding to the complaints, comments or questions from consumers. Mandatory training includes policies, procedures, and protocols for documenting complaints; the *Arizona System Principles*; the *Arizona Children's System Vision and Principles*; the *Principles for Persons with a Serious Mental Illness*; and cultural competency.

For five of the past six months, CSRs surpassed the standard of 85% compliance for service skill audits.

Superior customer service skills are monitored by the Customer Service Supervisor, who oversees all operations of the CSRs. The Customer Service Supervisor's responsibilities include:

- ensuring compliance with call answer and abandonment rates;
- monitoring calls to ensure inquiries are handled appropriately and professionally;
- identifying both individual and group training needs for CSRs; and
- providing training to CSRs as necessary.

The Customer Service Supervisor conducts telephone audits to ensure maintenance of high level of customer service skills. In addition, quality reviews focus on five areas of handling the call: greeting, documentation, attitude, research, and timelines of complaint resolution. For five of the past six months, we surpassed the standard of 85% compliance for service skill audits.

k. Communication to Personnel and Behavioral Health System Providers

The Maricopa County behavioral health system is a large and complex system, with a network of almost 100 provider agencies and over 1,500 ValueOptions administrative and direct service staff. Ensuring that communication within such a system is timely, accurate, consistent, and targeted is a challenge. ValueOptions has assessed its opportunities for improvement and realizes that effective communication begins with a strategic plan that not only describes the vision of the organization but also shows how the details required to accomplish that vision will be communicated. This plan is summarized and disseminated throughout the system as a foundation for communication. We will develop such a plan, by April 1, 2004, and incorporate a communications plan within it. In addition, good communication requires responsibility at both the personal and organizational level. We have developed a new position, the Vice President of Strategic Planning, which will be responsible for overseeing the development and implementation of internal communication protocols. The Network Management and Program Development Department will continue to maintain the primary point of contact with providers. In addition, other departments communicate with providers regarding their specific functional areas. Case Managers, Care Managers and other clinical personnel will continue to work directly with provider staff to ensure that consumers receive care in a timely manner.

ValueOptions believes that if our communication is to be effective, the method of communication must be appropriate to the information being conveyed. Oftentimes, the same information needs to be presented with multiple methods to make sure that it is understood. Recognizing this, we have developed a broad range of methods for communication. Communication also must be monitored, evaluated, and refined to ensure that it is not taken for granted and to increase its effectiveness and efficiency over time. We have created a new position for this purpose, the Director of Operational Integration, who will report to the Vice President of Strategic Planning. His or her internal communication responsibilities are described in more detail below.

The following section describes how ValueOptions will communicate with its personnel and providers. It first describes who is responsible and what their authority is. It then provides an overview of the types of information and methods of communication that will be used to communicate with personnel and providers.

Responsible Personnel

All department leads are primarily responsible for ensuring that department staff members receive appropriate and timely communication. To develop and foster more effective and efficient communication to personnel within ValueOptions, we have created two new positions—the Vice President of Strategic Planning and the Director of Operational Integration. The Vice President of Strategic Planning, in collaboration with other Department leads, is responsible for ensuring internal communication is effective and consistent and that it encompasses relevant information about the wide range of processes and activities in which the organization is involved. The Vice President of Strategic Planning will report directly to the Chief Executive Officer. The Director of Operational Integration, who reports to the Vice President, is charged with the development, implementation, and monitoring of an internal communication plan. The Vice President will integrate this plan into an overall, unified strategic plan for the Maricopa County behavioral health system. The plan will include protocols to ensure that the content of ValueOptions' communications is accurate and is consistently distributed to appropriate staff and providers. Within the context of this communication plan, other staff members have responsibility for communication with ValueOptions personnel. For example, the Director of Human Resources communicates all human resources related matters. Department directors are responsible for communication within their departments and supervisors are responsible for communication with those they supervise. The Director of Training is responsible for coordinating and managing communication that takes places in the form of training, in collaboration with Department leads.

In regard to communication with providers, the Director of Network Systems and Operations serves as the central point of contact for communication with subcontracted providers, prospective providers, and other ValueOptions departments. Overall management responsibility and authority resides with the Director of Network Management and Program Development. The Network Development Coordinators have daily operational responsibility for facilitating effective communication of all relevant operational data and information to the provider community, to Network Department management, and to other appropriate ValueOptions departments. To enhance their communication role with providers and personnel, effective January 2004, the Network Development Coordinators will be increasing their visits to their assigned providers to develop and strengthen relationships and learn more about their programs and services. The Coordinators will also communicate with personnel regarding provider concerns, new programs, and performance.

Communication that requires specialized knowledge is undertaken by appropriate staff in each department. For example, Enrollment Specialists or claims staff work directly with their counterparts in provider agencies to resolve specific issues. Important changes are communicated to providers with at least 30 days advance notice whenever possible.

Types of Information and Methods of Communication

Types of Information

ValueOptions communicates multiple types of information to providers, including Regional Behavioral Health Authority (RBHA) priorities and planning initiatives; policies and procedures; clinical models and treatment methodologies, including evidence-based practices and system principles; system-wide performance standards; contract and service reporting requirements; eligibility, enrollment and assessment information for specific consumers; provider performance data; individual consumer information (i.e., treatment status, authorizations, problem resolution); training opportunities; and changes in requirements or protocols.

ValueOptions also continually communicates multiple types of information to personnel. Types of information communicated include RBHA priorities and initiatives, including strategic planning processes; changes in Arizona Health Care Cost Containment System (AHCCCS) or Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) requirements; evidence-based practices and program models; policies and procedures; job responsibilities and job performance; performance indicators and standards of care; provider communications; changes in operational and system requirements; training and educational opportunities; and day-to-day operations and performance information related to work units.

Methods of Communication

There are a variety of methods that are used by ValueOptions for communication with personnel and providers, including orientation, training, committees and meetings, and other verbal and written communication. These methods vary in suitability for different types of information. They also differ in the degree of interactivity. For example, meetings allow for considerable, dynamic interaction in the form of discussion. Policy memos convey information, but allow for little, if any, interaction. At ValueOptions, we firmly believe that major non-interactive communications, such as policy memos, should be preceded by highly interactive communication, such as through meetings and committees. We understand the importance of two-way communication with both our personnel and providers.

Orientation

Orientation lays the foundation of understanding the RBHA and system requirements for new personnel and new providers. It is their first introduction to the philosophy, mission, and major initiatives of the behavioral health system. Key policies and procedures are presented. Because it is more effective to provide the right information than to undo the results of providing information that is wrong or misinterpreted, we believe it is crucial that the information presented during orientation be relevant, accurate, and understandable. In orientation for new personnel, all employees receive training on ValueOptions' mission and guiding principles, the organizational structure, communication methods, human resources policies and procedures, benefits, fraud and abuse, professional conduct and customer service. Employees also receive training related to their specific job responsibilities. For example, RBHA employees performing direct services receive extensive training in the areas of client rights, record keeping, and clinical philosophy and practices.

During new *provider* orientations, providers receive an introduction to and overview of the ValueOptions organization including all departments and their functions, as well as an outline of the requirements involved when contracting with ValueOptions. New providers are also given a copy of the Provider Manual and a Key Contact List to aid in navigating through the system. Other types of information given to providers at orientation include program descriptions; explanation of the authorization process when applicable; clinical and utilization management processes overview; Quality Management Provider Monitoring Manual; Performance Improvement descriptions; billing and claims information; Consumer Handbooks; and the Covered Services Guide.

Training

A key method of communication is training, because it not only communicates what ValueOptions key initiatives are, but also communicates the details required to implement those initiatives. For example, both personnel and providers receive intensive training on the Child and Family Teams to promote the *Arizona Children's System Vision and Principles*. Another example of using training to support and promote system principles includes the extensive training that ValueOptions has done on recovery principles and practices for personnel and providers. In addition, training offers the opportunity for discussion and response to questions. Training is offered to both ValueOptions personnel and provider network staff.

ValueOptions offers, and will continue to expand upon, a variety of training and educational opportunities to help personnel increase and expand their knowledge of behavioral health care and other key practices. These training sessions cover a wide range of topics including clinical practices, rehabilitation, recovery-oriented practices and principles, cultural competency, housing services, prevention, and management information systems processes and procedures. Additional training opportunities are provided to personnel within each department to address the specific areas of expertise they need to perform their job functions. Training needs for employees are continually evaluated by the training department and supervisors. As part of this effort, personnel will be surveyed bi-annually to obtain input on their training needs and feedback on the training sessions offered.

ValueOptions also offers extensive training opportunities for providers. Through this training we not only ensure that providers are equipped with the latest information needed to provide care, but also create a forum to communicate new ideas and system-wide changes. Some examples of training sessions offered include clinical/treatment processes including assessment, engagement, treatment planning; evidence-based practices, such as Dialectical Behavior Therapy, motivational interviewing, co-occurring treatment models and effective pharmaceutical treatment associated with specific disorders; rehabilitation practice models including Wellness Recovery Action Planning (WRAP) and peer support; Child and Family Teams and other clinical practices and philosophies related to the Arizona Model for Children; cultural competency, including the awareness, skills and practices that are needed to address cultural needs; effective prevention practices; housing services and other treatment supports available for consumers and their family members; and technical and system enhancements, claims processing and other business related topics.

In addition, and consistent with our desire to refine communication, feedback is requested on training sessions and modifications are made as needed. Additional information on training is also provided in *Volume 3.w.* of this proposal.

Committees and Meetings

Ongoing committees are a highly interactive form of communication, which are established to execute key aspects of ValueOptions' role as the RBHA. When committees are implemented, they are informed of committee goals and purpose in light of ValueOptions' mission, expected outcomes, and the communication channels through which information will be brought to the committee and communicated from the committee to management and/or stakeholders. There are committees that consist only of internal ValueOptions personnel and others that include external participants such as personnel from provider agencies, consumers, family members and community stakeholders.

Like committees, meetings are also a highly interactive form of communication. They are used for conveying information where immediate discussion is desired or clarification might be needed, to develop new procedures, and for ongoing group problem-solving around system issues. Some meetings are regularly scheduled while others are called as needed. The following table lists examples of key committees and meetings that include ValueOptions personnel and/or providers with a brief description of the purpose and type of information communicated at each one.

Committee/Meeting	Purpose/Types of Information	Staff	Providers
<i>Committees and Meetings for Personnel and Providers</i>			
Population-specific Advisory Committee for Serious Mental Illness	Advises regarding programs and services and evaluates policies and performance data	✓	✓
Population-specific Advisory Committee for Children and Adolescents	Advises regarding programs and services and evaluates policies and performance data	✓	✓
Population-specific Advisory Committee for General Mental Health and Substance Abuse	Advises regarding programs and services and evaluates policies and performance data	✓	✓
Prevention Advisory Council	Advises regarding programs and services and evaluates policies and performance data	✓	✓
Cultural Competency Committee	Leads cultural competence efforts and evaluates policies and performance data	✓	✓
Local Credentialing Committee	Manages credentialing, recredentialing and privileging of providers	✓	✓
Pharmacy and Therapeutics	Develops, revises, implements and monitors ValueOptions medication	✓	✓

Committee/Meeting	Purpose/Types of Information	Staff	Providers
Committee	formulary and medication related practices		
Tenant Advisory Committee	Obtains input on housing programs, provides education, solves problems and shares information	✓	✓
Crisis Advisory Council	Obtains input on system design and service delivery, solves problems and shares information	✓	✓
Provider CEO Meeting	Obtains input, shares information, solves problems	✓	✓
ValueOptions Comprehensive Service Provider/Network Meeting	Shares information relating to administrative and operational issues experienced by providers and maintains consistent flow of information to children's providers	✓	✓
Clinical Leadership Meeting	Engages the clinical leadership in the Arizona Model and determine roles clinicians play in the Child and Family Team (CFT) process	✓	✓
Quality Management Coordinators Meeting	Informs, educates, and provides forum for technical assistance	✓	✓
Rehabilitation Provider Meeting	Discusses services provided, solves problems, and provides education and training	✓	✓
COOL Provider Meeting	Provides technical assistance, identifies issues for problem resolution, and solves problems	✓	✓
Housing Providers Meeting	Provides technical assistance and education, and solves problems	✓	✓
Service Provider Meeting	Provides technical assistance on issues relating to Arizona State Hospital reduction program and supervisory care homes	✓	✓
Internal Committees and Meetings for ValueOptions Personnel			
Quality Management/Utilization Management (QM/UM) Committee	Provides oversight of the RBHA's quality management program, analyzes patterns, trends, and outliers in the performance of the RBHA, determines and monitors performance improvement activities	✓	
Population-specific Management Committee for SMI	Operationalizes policies and strategic initiatives across departments, implements performance improvements, and reviews performance	✓	
Population-specific Management Committee for C/A	Operationalizes policies and strategic initiatives across departments, implements performance improvements, and reviews performance	✓	
Population-specific Management Committee for GMH/SA	Operationalizes policies and strategic initiatives across departments, implements performance improvements, and reviews performance	✓	
CEO Direct Reports Meeting	Sets priorities, solves problems and makes decisions	✓	
Executive Management Team Meeting	Serves as primary forum for communication, problem solving, and decision making for senior level management staff for all RBHA and ValueOptions Direct Service Site operations	✓	
Mid-Management Meeting	Shares information regarding operations, initiatives, performance and obtains input	✓	
All Specialist Meeting	Reviews new rehabilitation, housing, and substance abuse services, identifies issues, shares information, and solves problems	✓	
Housing Specialist Meeting	Provides training, technical assistance and solves problems	✓	
Adult Probation Meeting	Provides technical assistance and makes placement decisions	✓	
Quality of Care Meeting	Reviews identified quality of care concerns and recommends corrective actions	✓	
Crisis Supervisory Meeting	Reviews procedural changes, processes and staff issues	✓	
Area Medical Directors Meeting	Coordinates medical services at ValueOptions Direct Service Sites	✓	
Direct Service Management Meeting	Shares information, sets priorities, solves problems, and makes decisions regarding Direct Services	✓	
Multiple Direct Service Site Meetings across disciplines	Coordination, training, information dissemination, and problem resolution	✓	

Other Verbal Communication

In addition to the verbal communication that occurs in committees and meetings, ValueOptions uses individual methods (i.e., telephonic and in-person) to communicate with providers and personnel. Personnel are trained on the importance of frequent interaction with employees to make sure they understand their job, have their questions answered, have opportunities to give input, and receive the technical assistance and support necessary to be successful in their jobs. The enhanced staff leadership training and mentoring program that will be implemented by July 1, 2004, will place emphasis on effective communication, training and leadership with staff and give them the tools needed to be successful in communication with staff members. ValueOptions also communicates with providers individually each day: each provider is assigned a Network Development Coordinator that they can call with any questions or for assistance. The Network Development Coordinators communicate directly with their assigned providers frequently to problem solve, communication changes in requirements, and arrange for technical assistance.

Written Documents

Written documents are produced either in electronic form, hard copy, or both forms. They serve as a permanent record of information that has been transmitted and are often used where ongoing reference to that information is required. They are also used where it is essential that a uniform message be delivered and understood.

We use a number of written documents to communicate with ValueOptions personnel, such as a weekly e-mail newsletter, Employee News, which provides crucial information, updates and changes, and provides a community involvement aspect as well by informing employees of upcoming events and opportunities; memoranda from senior management, the corporate office; the ValueOptions Arizona Web site—offering 24-hour-access to news, updates, events, program information, contact information, and much more; ValueOptions' Corporate VOICE Intranet; and memoranda, policies, and contract information from ADHS/DBHS.

ValueOptions will use electronic forms of communication to update staff on changes in policy, procedure, protocol, programming initiatives, Intergovernmental Agreements (IGA), or other such information. Staff will receive updates about changes in written documentation via e-mail and have even greater access to the latest versions of these documents via the Web. Employees will also receive written communication via e-mail regarding any changes, modifications or updates related to the RBHA organizational structure, including lines of responsibility, authority and coordination within and between departments of the organization. Implementing this process of electronic communication will provide the wide array of information needed by ValueOptions employees to increase consistency and perform their duties effectively.

We use, and will continue to build upon, several written modes of communication to ensure that providers have easy access to the most current behavioral health information. These include the Provider Manual, Provider Notices, Consumer Information Handbook, newsletter articles featured in the quarterly *Community Connections Newsletter*, and policies and clinical information on best practices. Provider Notices are a key method used to provide timely information to all network providers of policy and procedure updates related to behavioral health system requirements. ValueOptions implemented the current Provider Notice protocol as a means of ensuring a centralized communication process. Provider Notices promote consistency of format, content and process, and eliminate redundancy. Provider Notices are authored by subject matter experts who ensure accuracy of content, and are approved by Department Heads and the Director of Network Operations and Systems. Provider Notices are also sent to all personnel via e-mail to ensure they are kept current with information communicated to providers. In addition, our local Web site offers a communication line between providers and ValueOptions that is available 24 hours a day, seven days a week, from any location with an Internet connection. Within this site, ValueOptions has created a specific section just for providers where they can easily access information they need to more efficiently serve consumers. Information available on our Web site includes Provider Notices; Provider Manual; required forms, many in English and Spanish, including the intake assessment, AHCCCS screening, statement of consumer rights, notice of right to appeal, supplemental, financial, and demographic forms; quality management guidelines; program and service descriptions; and pharmaceutical information for providers and consumers.

Additional information on written communication for personnel and providers is included in *Volume 1.n., Document Management*. In addition, *Volume 1.l.* discusses how ValueOptions obtains input regarding system design and planning from community stakeholders, including providers. Our meetings, committees and individual verbal interactions are all designed to promote effective two-way communication. To ensure that our communication with personnel and providers is well informed, effective April 2004, we will develop and implement a formal mechanism for staff and providers to give input, ask questions and raise concerns with executive leadership. This feedback will enable us to continually improve on our communication with personnel and providers.

I. Community Input

ValueOptions is firmly committed to the active solicitation of input from recipients, family members, and community stakeholders in the design, planning, and implementation of comprehensive, effective, and culturally-appropriate behavioral health care. Since assuming the responsibilities of the Regional Behavioral Health Authority (RBHA) for Maricopa County, ValueOptions has weaved the ideas and concepts gained through surveys, committees, councils, focus groups, and other forums into a dynamic strategy to improve the quality of life for consumers and their families. We also work closely with state and local government and the non-profit community to provide vision and leadership in addressing local concerns.

Obtaining Input for Design, Prioritization, Planning and Evaluation

The table that follows shows some of the key groups that provide ongoing input from behavioral health recipients, families, and community stakeholders regarding delivery system design, prioritizing behavioral health resources, and planning and evaluating consumer services. It is followed by additional methods of gathering input, examples of successfully incorporating feedback, and an overview of the “next steps” for the new contract period.

Groups that Obtain Input from Recipients, Family Members, and Community Stakeholders			
Group	Composition	Purpose	Meeting Frequency
Population-specific Advisory Committees: <ul style="list-style-type: none"> • Seriously Mentally Ill • Substance Abuse and General Mental Health • Children’s Services 	ValueOptions, providers, consumers, family members, and advocates	Discuss issues of concern relative to their respective constituencies such as treatment practice guidelines, clinical criteria, and the uses of new and existing clinical technologies	Monthly
Cultural Competency Committee	ValueOptions, community stakeholders, providers	Involvement and input in developing and implementing programs and services that respond to the needs of the culturally diverse community	Monthly
Child Placement Review Committee	ValueOptions clinical staff and CPS staff	Identify and resolve service needs for children in Child Protective Services (CPS) care	Weekly
ValueOptions Child/Adolescent Training Committee	ValueOptions, provider and community stakeholders	Evaluate system training needs and ensure consistency of materials and delivery	Monthly
Tenant Advisory Committee	ValueOptions housing staff, consumers, housing providers, family members, and advocates	Educate consumers and family members on housing options, identify issues for resolution, problem solving	Monthly
Community Advisory Board	ValueOptions, consumers, family members, and community members	Review and comment on Maricopa County RBHA policy and service delivery	Quarterly
Maricopa Consumer Advisory Council	Consumers, families, and advocates	Develop and implement services, and inform and educate consumers and their families on policy and system changes; provide oversight to the development of consumer handbooks, newsletters, and other educational materials	Monthly
Crisis Advisory Council	Community stakeholders, providers and ValueOptions’ crisis staff	Receive feedback on the operational effectiveness of the crisis system with recommendations for system change and improvement	Quarterly
Child/Adolescent Stakeholder Meeting	State agencies, ADHS/DBHS, and network providers	Improve coordination between ValueOptions and state agencies, information sharing and problem solving.	Monthly

Groups that Obtain Input from Recipients, Family Members, and Community Stakeholders			
Group	Composition	Purpose	Meeting Frequency
Health Plan Coordinators Meeting	AHCCCS behavioral health coordinators and medical directors	Improve coordination and systemic care between ValueOptions, the Arizona Health Care Cost Containment System (AHCCCS) Health Plans, and Primary Care Physicians	Quarterly
Prison Discharge Planning Meeting	ValueOptions, providers, community stakeholders	Coordinate discharge-planning process. Review difficult placements and address system-wide issues to affect positive change	Quarterly
Clinical Leadership Meeting	ValueOptions, provider, community stakeholders	Engage the clinical leadership in the Arizona Model and determine roles clinicians play in the Child and Family Team process	Monthly
Transition to Adulthood Workgroup	ValueOptions, providers, community stakeholders	Develop strategies and protocols for transitioning children to the adult system	Monthly

In addition to these ongoing meetings, consumers, family members, and community stakeholders provide input on a regular basis through many other channels, including the following:

- Consumers and family members are asked to serve on both the design committees and the review committees of ValueOptions' proposals. This opportunity ensures that their needs and contributions are integral in shaping and selecting the most responsive and effective design and provider selection.
- ValueOptions surveys recipients, family members and community stakeholders to gather input on service delivery. For example, adults with serious mental illness are surveyed at ValueOptions Direct Service Sites by consumers to encourage open feedback on system performance. In addition to surveys, focus groups are also conducted to encourage open dialogue about system performance and needs. For example, over 30 focus groups were conducted in 2003 to obtain input on behavioral health system performance, including service needs and priorities, ValueOptions and provider performance, and recommendations for improvement.
- Consumer, family, and community stakeholders are encouraged to call ValueOptions key staff directly with input regarding system design, planning or performance.
- Key ValueOptions staff including the Chief Executive Officer, Chief Medical Officer, and Vice President of Clinical Programs/Direct Services meet with local National Alliance for the Mentally Ill (NAMI) groups.
- ValueOptions staff members work directly with consumers, families, and community stakeholders to build relationships and obtain ongoing input. For example, ValueOptions staff members routinely interact with and obtain input from consumer and family member advocacy groups, state agency leadership and staff, providers, city and county representatives, and other community members. Examples of this type of interaction include:
 - ✓ ValueOptions Rehabilitation Service staff meets with Rehabilitation Services Administration (RSA) staff and rehabilitation providers quarterly to review and re-prioritize services, disseminate information, resolve issues, and discuss additional service needs.
 - ✓ The Correctional Officer Offender Liaison (COOL) program staff meets with parole officers and parole supervisors to prioritize services and address issues of mutual interest and concern.
 - ✓ ValueOptions child and adolescent staff routinely meets with families and state agency staff members to obtain input on service priorities, design, and performance.
 - ✓ ValueOptions serious mental illness (SMI) program staff meets with consumers to obtain input on services and recommendations for new programs at consumer-run programs and ValueOptions Direct Service Sites.
 - ✓ ValueOptions housing staff routinely meet with families, consumers, community members and clinical staff to coordinate housing.

Examples of Success

ValueOptions has identified above the many forums and methods we created to obtain input from recipients, family members and community stakeholders. We rely upon this input to improve our design and planning processes. The examples below provide evidence of ValueOptions' commitment to incorporate community input into critical decisions related to the behavioral health system:

- ValueOptions worked with family members, state agency staff, and providers to develop non-Title XIX spending priorities for children and adolescents and included consumers and other stakeholders on its review teams for redesign of the children's system, the crisis system, and detoxification services.
- A primary result of our success in working closely with state and local governments and the non-profit community to provide leadership regarding local issues is the development of our House Bill 2003 Spending Plans. These plans were developed in response to a legislative appropriation of \$42 million for additional child and adult services. We actively sought community input through forums, focus groups, committees, and direct mail initiatives. Feedback from consumers, family members, advocates, providers, state agencies, and other stakeholders was incorporated into the prioritization of expenditures and design of programs and services, resulting in a dynamic plan that has made a positive impact upon service practices in Maricopa County.
- The Cultural Competency Committee developed a cultural competency curriculum that is used to train ValueOptions and provider staff on cultural competency issues. Over 1,970 staff attended this training in Fiscal Year 2003.
- The Rapid Response Teams were designed and implemented based on input from emergency room physicians and families. These teams provide discharge planning and coordination of care for consumers who present in local hospital emergency rooms within one hour of presentation. This program has been widely applauded in the community by hospitals, families, state agencies, health plans and other community stakeholders.
- The Children's Action Team Model was created, in response to input from advocates, family members, the Department of Economic Security (DES), and other state agencies. This team visits children and adolescents in whatever setting they may be, performs brief assessments, enrolls them in the RBHA, and coordinates with DES to arrange ongoing services.
- The number of bilingual staff working on the crisis line was increased from three to over 20, based on input from the Latino community, including consumers, families and other community stakeholders. This feedback enabled ValueOptions to ensure that a bilingual staff member answers all initial crisis calls. In addition, we developed an after-hours pool of bilingual counselors to further augment bilingual crisis staff members on duty.
- Recovery services were expanded in response to consumers, family members, advocates and other community stakeholders, including providing Wellness Recovery Action Planning (WRAP) training in 18 Direct Service Sites and expanding the "Living Room" service model, a peer-run service for consumers seen at the Urgent Care Centers.
- Consumers identified as having a serious mental illness during their ValueOptions evaluation are referred to the Recovery Education Center, which introduces the referred consumers to the recovery principles and provides them with peer support. This practice was implemented in response to feedback from consumers and families.

Future Plans

As part of our new strategic planning initiative, we will implement ongoing mechanisms for obtaining community input, including:

- regular community forums throughout Maricopa County,
- customer and family satisfaction surveys,
- provider satisfaction surveys,
- expanded consumer satisfaction surveys, and
- outreach efforts directed at the general public.

ValueOptions will use the community's input to further strengthen our capacity to improve behavioral health for our consumers, improve our organizational infrastructure, focus our strategic planning and technical assistance, increase operational effectiveness, heighten public awareness, and mobilize community support for behavioral health. By gathering input from consumers, family members, and stakeholders through the methods that are identified above as well as initiating new efforts for the next contract period, ValueOptions will continue to uphold the Arizona Department of Health Services/Division of Behavioral Health's system principle of soliciting behavioral health recipient, family member, and community stakeholder involvement in directing, shaping, prioritizing, planning, and evaluating behavioral health delivery system in Maricopa County.

m. Community Information and Methods

ValueOptions believes that conveying accurate, meaningful, and understandable information to behavioral health recipients, their family members, and community stakeholders is key in fostering a community that understands and supports the behavioral health system. *Item l.*, which immediately precedes the present section, provides an overview of how we obtain input from these three groups. Many of those same methods of communication also are used to provide information.

In addition to those methods described in *Item l.*, we also provide specific information in a number of other ways. This section shows what personnel are responsible for providing this information and what the extent of their authority is. It then describes the types of information that we communicate, as well as the methods we have found to be effective. Finally, it provides examples of how we have successfully communicated to recipients, family members, and stakeholders.

Responsible Personnel

In close coordination with other ValueOptions staff, the Director of Marketing and Public Affairs is responsible for creating, implementing and overseeing all external communication activities, other than communication with providers, because we have found that providers are served most effectively through a primary point of contact through the Network Management and Program Development Department. The Director of Marketing and Public Affairs' responsibility for external communication includes:

- responding to all media inquiries, identifying the appropriate spokesperson and ensuring timely and appropriate messages;
- defining and maintaining corporate communication standards and ensuring that all presentations, print materials, Web based and other publications are unified and professional;
- developing an external communications plan with oversight of all public relations material;
- overseeing of the development and dissemination of all consumer and stakeholder communications; and
- coordinating with internal communications to ensure consistency and timeliness.

The Director of Marketing and Public Affairs has authority over all external communications except for those directed to provider agencies. She works closely with all Department Leads to ensure that communication with community members is timely, responsive, and accurate. In particular, the Director of Marketing and Public Affairs works closely with the Prevention, Education and Outreach Manager to develop and distribute communication materials to recipients, family members, and community stakeholders.

Types of Information and Methods of Communication

Types of Information

ValueOptions keeps behavioral health recipients, family members, and community stakeholders informed through the dissemination of multiple forms of information. This information includes communicating with consumers and family members about:

- how to access services;
- consumer rights and how to advocate for their rights;
- problem-resolution procedures;
- available benefits and services;
- Regional Behavioral Health Authority (RBHA) priorities and planning initiatives;
- educational information about the nature of behavioral health problems and treatment;
- prevention services available to mitigate and reduce community risk factors;
- recovery principles and wellness models;
- community resources; and
- program outcomes and clinical program improvements.

In addition, ValueOptions communicates the multiple forms of information to community stakeholders, including:

- RBHA priorities and planning initiatives;
- how to access services;
- problem-resolution procedures;
- provider network and specialized services;

- new programs and services;
- prevention services available to mitigate and reduce community risk factors;
- coordination mechanisms; and
- program outcomes and clinical program improvements.

ValueOptions considers providers to be members of the community stakeholder group. Additional information about communication with providers is found in *Items k. and n.* of this volume.

Methods of Communication

To promote community awareness of the behavioral health delivery system, we share information through one-on-one meetings, focus groups, surveys, the ValueOptions Web site, newsletters, brochures, forms, and notices. By reaching out to the community through the media and events, we have positioned the RBHA as a knowledgeable, dependable community partner.

Our goal in communicating with consumers and their families is to communicate the principles and vision that drive the behavioral health system. For children/adolescents and families, ValueOptions fosters the *Arizona Children's System Vision and Principles* regarding support and training for parents in meeting their child's behavioral health needs, and support and training for children/adolescents in self-management. For adults, recovery principles and evidence-based practices are supported through training, planning sessions, service design and delivery, and community education materials.

We also keep attuned to what is going on with providers, community organizations, state agencies, and other stakeholders. We gather the latest news and information of relevance to consumers and their families and pass it on to them through a variety of methods, including ValueOptions' Web site, Community and Consumer Connections Newsletters, brochures, handouts, and our involvement in community information fairs and events. These methods are managed by the Marketing and Public Affairs Department and Prevention, Education and Outreach Unit, which ensure that materials are written on a 4th grade reading level and translated into Spanish.

Important information about policies and procedures as well as legal rights is communicated to consumers and their family members through the Consumer Handbook. To ensure that it is kept up to date, we send out notices whenever there is a change. These handbooks are given to consumers by clinical staff or Case Managers during intake or assessment and upon request. Available in English as well as Spanish, the Consumer Handbook includes information contributed by the Extended Evaluation, Customer Service, Grievance and Appeals, Risk Management, and Direct Services Units/Departments.

For stakeholders, we circulate news, updates, and other important information in a variety of ways, including notices, memoranda, manuals, letters, and articles featured in ValueOptions' quarterly Community Connections Newsletter for stakeholders. In addition, this information is available via our Web site in both English and Spanish. Through these communication methods, we provide valuable information, as well as a forum for dialogue among all stakeholders, thus fostering a more collaborative behavioral health system. These activities are led and coordinated by ValueOptions' Network Management and Program Development, Claims, Risk Management, Crisis, Marketing and Public Affairs, and Community Relations Departments.

For the general community of Maricopa County, our goal is to create a broader awareness of mental health issues and topics and educate the public about how ValueOptions is available to assist consumers. One way that we spread this information is by creating partnerships with community and faith-based organizations that provide information through church meetings, presentations and social gatherings. In addition, we have built alliances with both English and Spanish media (including television, print and radio), increasing awareness through special articles and advertisements, public service announcements, and guest appearances on public affairs programs. To complement these efforts, ValueOptions also participates in community and health care conferences and events as well as school information fairs. We also sponsor a number of community events and conferences. These initiatives are coordinated and managed through ValueOptions Marketing and Public Affairs, Prevention, Education and Outreach, Community Relations and Child/Adolescent Services Units/Departments.

Examples of Success

In the past few years, we have enjoyed a large number of successes in providing information to consumers, their family members, stakeholders, and the general public. Notable achievements include:

- Introduction of our Web site, www.ValueOptions.com/arizona, which opened a new avenue of communication to consumers and other external audiences. This is the first, and only, bilingual Web site offered by any of the RBHAs. Many of our publications, forms, descriptions of services, events calendars, and other important information are available to consumers through this easily accessible venue.
- Development of the 2002 Annual Report which provides an overview of milestones/accomplishments, demographics of consumers we serve, vignettes of consumer success stories and a financial summary of our operation.
- Development of a quarterly consumer newsletter, *Consumer Connections*, in which consumers assist in the planning and production. This publication provides news and updates on consumer programs and services, as well as consumer testimonials and success stories.
- Creation and implementation of Community Advisory Board, Stakeholder and Provider Forums, which serve to communicate about our strategic plan and objectives, as well as provide updates on programs, services and changes in policies and procedures.
- Participation in consumer-focused events such as the Candlelight Vigil, Seeds of Success Symposium, Community Advisory Board (CAB), and National Alliance for the Mentally Ill (NAMI) conferences, which increases our visibility and educates consumers about available services.
- Involvement of stakeholders on key committees and workgroups such as the Crisis Advisory Council, SMI Subcommittee, Prevention Advisory Council, Children's Subcommittee of the Clinical Advisory Committee, Cultural Competency Committee, Quality Improvement Steering Committee, and several others.
- Creation of monthly Child and Adolescent Stakeholder meetings involving state agencies, Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and child providers to improve coordination between ValueOptions and state agencies regarding children and adolescents served by multiple systems.
- Including families in multiple ValueOptions meetings related to the implementation of the Child and Family Team process including the Comprehensive Service Provider/Network Meeting, Clinical Leadership Meeting, National Coach Meeting, Child/Adolescent Training Subcommittee and Residential Workgroup.
- The Homeless Outreach Team, which contacted 4,119 homeless persons between October 1, 2002 and September 30, 2003 to offer services. Of the 4,119 contacted, 2,463 opted to participate in services.
- Community forums conducted in two Native American communities in collaboration with Phoenix Indian Center and Centro de Amistad.
- Production of quarterly *Community Connections* Newsletter for stakeholders, which provides news, and updates on programs and services.
- Participation and involvement in over 15 school information fairs, annual Fiestas Patrias/Fiesta del Niño event, Latino Women's Conference, Asian Health Forum, and many others.
- A year-long monthly series on behavioral health disorders and issues featured in La Voz (a Spanish-language newspaper), and guest columns featured in Hispana News.
- Periodic newspaper articles featured in the Arizona Republic, East Valley Tribune, and other local community newspapers about mental health and ValueOptions involvement, including the success of Crisis Intervention Training, expansion of food bank funded by ValueOptions, and expansion of ValueOptions' Wickenburg clinic.
- Co-sponsoring the Recovery in Action Conference, which provides information on recovery philosophy and practices.
- Sponsoring a Housing Quality Standards Certification Course for providers and non-profit housing agencies.
- Providing layman training in collaboration with Community Legal Services regarding Arizona Residential Landlord Tenant Act (ARLTA), Americans with Disabilities Act (ADA) and fair housing laws.
- Training for consumers in Wellness Recovery Action Planning (WRAP) across Maricopa County in 18 ValueOptions Direct Service Sites.
- Training of family members and community stakeholders in Child and Family Teams and the Arizona Practice Model.
- Guest appearance by our Chief Medical Officer in television station KAET's Horizon public affairs show.
- Development of consumer testimonial advertisements published in Arizona Capitol Times and other key publications.

n. Document Management

ValueOptions maintains strict adherence to Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) policies related to management of documents and has worked diligently over the past several years to ensure the accuracy of information related to behavioral health system requirements, improve communication through effective dissemination of information, and maximize consistency between and among departments. With the significant growth in the number of employees within the ValueOptions Arizona organization, expansion of services, increased emphasis upon intergovernmental and interagency coordination, and as the sheer volume of constantly changing information continues to grow, the importance of maintaining ongoing, consistent, and accurate documents is of major importance.

Development, Revision, and Dissemination of Documents

Development and Revision of Documents to Personnel and Providers

To ensure consistency, written documents for personnel and providers are produced in electronic form, hard copy, or both forms. The written documents ensure that a permanent record is kept of information that needs to be retained and also serve as an ongoing reference for ValueOptions staff and contracted and Direct Service providers.

ValueOptions uses the process described below for the development and revision of written documents. This process is designed to ensure that all written documentation is accurate and easily understood by the reader. The process also provides the appropriate checks to ensure that all written communication for personnel, providers, and community stakeholders is consistent. This process is as follows:

The Executive Management Team is responsible for the identifying the written documents that need to be produced. In addition, the Executive Management Team is responsible for determining the staff member responsible for the development and revision for each type of written documentation.

The lead writer, who is responsible for document production, then identifies the content experts needed for development and any subsequent revisions. The lead writer, in collaboration with the identified content experts, produces the initial document or subsequent revisions and distributes it for review.

Each document developed or revised is reviewed, at a minimum, by the original experts that contributed content and the ValueOptions staff member assigned for quality checks of that document type. For example:

- Provider documents must be reviewed and approved by the Director of Network Systems and Operations prior to distribution.
- Internal Operational Protocols are reviewed and approved by the Manager of Performance Improvement prior to distribution.
- Human Resource documents are reviewed and approved by the Executive Director of Human Resources prior to distribution.
- Other types of written communication to personnel are reviewed by the Director of Operational Integration and Department Leads, depending on the nature of the document. For example, documents regarding systemic issues that are going to all staff will be reviewed by the Director of Operational Integration, whereas internal departmental memoranda would be reviewed by the Department lead or designee.
- The Director of Operational Integration, Director of Network Systems and Operations, and the Director of Marketing and Public Affairs are responsible for reviewing written documentation intended for internal staff, providers, and community stakeholders to ensure consistency between the documents.
- The Chief Clinical Officer and Chief Administrative Officer are responsible for ensuring that all documentation reflects organizational standards, ADHS/DBHS requirements, Arizona Health Care Cost Containment Systems (AHCCCS) requirements and other applicable requirements and standards. They ensure this through personal review of documents or delegation to a staff member who has demonstrated expertise in the content manner.

In addition, the lead writer and the person responsible for quality checks of a particular document are responsible for determining when review by consumers, family members, providers, and community stakeholders is appropriate.

Dissemination of Documents to Personnel and Providers

The Executive Management Team is responsible for identifying the staff and/or department responsible for document dissemination of each type of written documentation. For example, the Quality Management Department is responsible for the dissemination of all internal operational protocol and policies and procedures; the Human Resource Department is responsible for all dissemination of human resource information; the Director of Operational Integration is responsible for the dissemination of internal documents that relate to systemic changes; and the Director of Network Systems and Operations is responsible for the dissemination of written provider communication.

Multiple methods of dissemination are used based on the target audience and the type of document. Methods used include e-mail, Internet, Intranet, hard copy distribution via internal mail systems, face-to-face meetings, fax, and mail.

To enhance our communication with personnel, ValueOptions will maximize the use of electronic methods of communication. We currently use e-mail to send staff communication such as a weekly e-mail newsletter, memoranda, Provider Notices, and notices of upcoming events, and training opportunities. In the future, staff will receive electronic communications to an even greater degree. This direction is based on positive staff feedback about the helpfulness of this communication method in terms of speed, convenience, and ease of storage. Examples of the types of electronic information staff will receive include changes in policy, procedure, and protocol, programming initiatives, modifications or updates related to Regional Behavioral Health Authority (RBHA) organizational structure and systemic requirements, or other such information. In addition, our use of the ValueOptions Intranet, VOICE, for employee written communication will increase with the greater inclusion of training presentations, minutes from key committees and meetings, and internal reference documents.

ValueOptions will continue to maximize our current use of electronic-based communication for providers. This communication includes our extensive use of the ValueOptions Web site to post information such as policies and procedures, program descriptions, the provider manual, forms, other documents, and our use of e-mail to communicate all Provider Notices.

Documents used for Communication

We use the following documents to communicate with our internal staff members as well as the provider community.

Provider Notices

Provider Notices are used to inform all network providers of policy and procedure updates related to behavioral health system requirements in a timely manner. Provider Notices are authored by subject matter experts who ensure accuracy of content and are approved by Department Heads and the Director of Network Systems and Operations.

Newsletters

The ValueOptions Marketing and Public Affairs Department produces informative newsletters for employees and providers. Both publications provide information regarding system initiatives, program progress, and changes in policy and procedures. These documents are published quarterly and are disseminated by e-mail, US mail and provided in each of ValueOptions Direct Service Sites.

ADHS/DBHS Covered Services Guide

ValueOptions provides a direct electronic link within the ValueOptions Web site to access an electronic version of the ADHS/DBHS Covered Services Guide. The Web site is accessible to all contracted providers and ValueOptions staff. In addition, hard copies of the Covered Services Guide are made available to providers without Internet access, or upon individual request. Notification of updates or modifications to the Covered Services Guide is communicated to contracted providers and internal ValueOptions staff by a Provider Notice.

ADHS/DBHS Policy and Procedure Manual

As with the Covered Services Guide, ValueOptions provides a direct electronic link to the ADHS/DBHS Policy and Procedure Manual, which is available to all contracted providers and ValueOptions staff. Hard copies are available to all providers upon request. Notifications of updates or modifications are communicated by Provider Notices.

ValueOptions Operational Protocols

ValueOptions maintains internal operational protocols for all major areas including clinical operations, customer service, executive management, finance management, human resources, network management, pharmacy services, quality management, ValueOptions Direct Service, and training.

ADHS/DBHS Clinical Guidance Documents

ValueOptions maintains a proactive stance regarding infusion of evidence-based practices within the Maricopa County behavioral health system. ADHS/DBHS Clinical Guidance Documents are available to all contracted providers through Web site link as well as hard copy upon request. Notifications or updates to requirements related to implementation of evidence-based practices are disseminated through Provider Notices.

Evidence-based Practice Documents

In addition to the ADHS/DBHS Clinical Guidance documents, ValueOptions routinely distributes information about evidence-based practices to personnel and providers through training sessions, e-mail, meetings and committees. This information is used to inform the behavioral health system about the most effective means of treating specific populations.

Performance and Outcome Evaluation Information

ValueOptions routinely distributes performance and outcome evaluation information to personnel and providers. Examples of this type of information include prescription patterns and trends, access to care standards, consumer outcomes, and departmental performance information. Performance and outcome information is distributed via e-mail, training sessions, meetings, and committees.

Training Materials

Training documents are developed for a wide range of subjects, including all required ADHS/DBHS training topics, for both personnel and providers. Written training materials include presentations, training modules, pre-tests and post-tests and train-the-trainer materials. Training documents are distributed electronically and in hard copy via training sessions, meetings and committees, face-to-face meetings, e-mail, and Web sites.

Letters and Memoranda

Letters and memoranda are used to communicate with personnel and providers. Letters are used for external communication with providers, where as memoranda are frequently used for internal communication. All letters to and from providers are maintained in ValueOptions' provider files. Information in letters and memoranda that communicate changes in policies, procedures and/or protocol are integrated into more permanent sources of written documentation, such as the Provider Manual and Policies and Procedures.

Forms

ValueOptions develops, revises, and distributes multiple forms to providers and personnel. Forms are maintained electronically on the ValueOptions Web site whenever possible. In addition, clinically related forms are developed in both Spanish and English.

Positions and Qualifications of Personnel with Document Management Responsibility

Personnel with primary responsibility for document management, revisions, and dissemination include:

Vice President of Strategic Planning – ValueOptions has created a new position to develop strategic plans for the organization overall and by service population. The Vice President of Strategic Planning will assist the Chief Executive Officer with cross-departmental coordination, communication, and planning. He or she will also assist the Chief Executive Officer and his direct reports with special projects, development, implementation, and monitoring of project initiatives. Qualifications for this position include a clinical background in public sector behavioral health, a Master's degree in Social Work, Psychology or Public Administration or Planning, five years experience with strategic planning, cross-departmental coordination at an executive level, project management experience, and experience with design development and implementation of program initiatives.

Director of Operational Integration – This newly created position will be responsible for developing, implementing, and monitoring an internal communications plan. The Director of Operational Integration will also oversee the design, dissemination, and revision of internal communications; evaluate and monitor the effectiveness of internal communication methods; and make timely adjustments as needed. The Director of Operational Integration must have a clinical background in

public sector behavioral health, a Bachelor's degree in Social Work, Psychology, or Communications, three years of experience in management or administration, and demonstrated excellence in written and oral communication.

Director of Marketing and Public Affairs – ValueOptions' Director of Marketing and Public Affairs is responsible for creating, implementing and overseeing all RBHA communications activities, ensuring consistency and professionalism in the portrayal of ValueOptions including planning and implementing activities related to marketing, media relations, and corporate communications. The Director of Marketing and Public Affairs has 17 years of experience in corporate, non-profit, and government communications. Her most recent position was Assistant Director of the Division of Aging and Community services for the Arizona Department of Economic Security. She was responsible for communicating the quickly-moving welfare reform legislation and policies to the external stakeholders of the Department. She was selected as Administrator of the Year by the Arizona Association of Administrators as a direct result of her successful efforts.

Director of Network Systems and Operations – The Director of Network Systems and Operations has over ten years experience in managed behavioral health systems. Specific areas of expertise include network management, provider relations, credentialing, contracting, and network sufficiency. In addition, the Director of Network Systems and Operations has experience in provider communication and the development of provider manuals for provider networks in multiple states.

Ensuring Accuracy and Consistency while Minimizing Duplication

The Director of Operational Integration, with oversight from the Vice President of Strategic Planning, will ensure accuracy and consistency and minimize duplication within and between the departments. The Director will implement and monitor an internal communications plan. He or she will also work directly with the Chief Executive Officer and his direct reports to distribute updates about behavioral health system requirements, changes in organizational structure and lines of authority, management decisions that impact operations and service delivery and changes in policies and procedures. In addition, the Director will work directly with managers and supervisors to assess organizational communication needs and to monitor and report effectiveness of the internal communications plan.

The Director of Operational Integration will interface with the Director of Training to disseminate internal training information and also work closely with the Directors of Marketing and Public Affairs and Network Systems and Operations to coordinate internal and external communications and ensure all documentation is consistent. The Director of Operational Integration will also work with Department leads, middle managers, and staff to ensure they are aware of the location and availability of written communication.

As part of the internal communication plan developed by the Director of Operational Integration, in collaboration with other key staff, there will be a protocol outlined for the storing of key documents, for notifying document holders of revisions, and for routing communication to appropriate parties to proof for accuracy and consistency.

Adding Geographic Specific Information to Templates

We provide the processes for which we will implement the geographic-specific information to the Provider Manual and the Member Handbook in the paragraphs that follow.

Provider Manual

The Provider Manual contains up-to-the-minute information regarding operational and/or clinical procedures and is used primarily by providers and ValueOptions staff, but is available electronically to anyone. The Provider Manual is produced by the ValueOptions Network Department, which facilitates the Provider Manual Editorial Review Board (PMERB), composed of representatives from each ValueOptions Arizona Department. The PMERB is responsible for the annual review and revision of the Provider Manual, a process that typically takes eight (8) weeks. The updated version is available to providers and staff by January 1 of each year.

Revisions to the Provider Manual made at the request of ADHS/DBHS are managed by the Director of Network Systems and Operations, who coordinates internal communication regarding any modifications and incorporates revisions into the manual. A copy of the revised section(s) is/are made available to all providers via Web site, e-mail, or hard copy.

As of January 1, 2004, ValueOptions will implement the new ADHS/DBHS Provider Manual format with ValueOptions-specific information included. The PMERB, including subject matter experts, will consolidate our policies and procedures into the ADHS/DBHS template for their individual areas of responsibility. The revised document will be reviewed and approved by the PMERB and Director of Network Systems and Operations for consistency and accuracy. Once approved

internally, the new Provider Manual will be posted on the ValueOptions Web site. A Provider Notice will be sent to all providers informing them that the new Provider Manual is now posted on the Web site, and that hardbound and/or CD versions are available by contacting the ValueOptions Networks Department. Training will be provided for all contracted providers and internal staff as soon as is feasible upon approval of the new Provider Manual.

Any future change in policy or procedure, as appropriate, will be incorporated into the Provider Manual. Future changes will be communicated to providers and staff through Provider Notices. This process will assure the Provider Manual is kept up to date.

Member Handbook

ValueOptions will also implement the new ADHS/DBHS Member Handbook format with ValueOptions-specific information included. This process is managed by the Director of Marketing and Public Affairs with assistance from the Director of Network Systems and Operations. The first step in this process is a review by internal departments (e.g., Customer Service, Access Line, Crisis, Direct Services, and Community Relations) and external stakeholders (e.g., Maricopa Consumer Advisory Committee and Mental Health Association) of the current Member Handbook information. Suggestions for modifications in existing information or inclusion of new information are then forwarded to the Director of Marketing and Public Affairs for compilation and insertion into the template. The revised Member Handbook is reviewed by the ValueOptions Executive Management Team, with final approval of the Chief Executive Officer.

Distribution of the Member Handbook occurs via multiple avenues. Member Handbooks are distributed to and made available in all ValueOptions offices, including Administration and Direct Service Site lobbies, through the Evaluation Unit, and by contracted providers. In addition, the Member Handbook is available on the ValueOptions Web site in both English and Spanish.

Examples of Success

We have made a number of system enhancements over the past few years that have realized a more centralized, user-friendly and high technology approach to document management. For example:

- The Provider Manual, now available electronically to all internal staff and contracted providers, was initially presented in a hard copy format contained in a three-ring binder. This low technology version of this key document was time consuming and expensive to produce, challenging to distribute, and impossible to update regularly. Now, ValueOptions is able to provide up-to-the-minute updates through the electronic version of the Provider Manual.
- Network Alerts, used at one time to disseminate a variety of information from policy changes to meeting minutes, were determined to be an ineffective communication tool. The process of creating Network Alerts was completely overhauled, moving from a paper-based product to an electronic one that is distributed in real time to providers as well as internal staff. These notices are now called Provider Notices, and concentrate information only on policy and procedure changes.

o. Additional Information

Since award of the Maricopa County Regional Behavioral Health Authority (RBHA) contract in 1998, ValueOptions has steadily and deliberately expanded and enriched the behavioral health system. Following a decade of tumultuous changes, the initial goal was bringing stability to the system. Consumers and family members needed dependability in their service delivery, providers needed clarity and consistency in their funding, and clinical staff needed leadership. It was a compelling challenge.

As the initial goal was realized, ValueOptions began to implement carefully-designed strategic initiatives to streamline and strengthen the system of care. We steadily expanded services to underserved constituents, developed geographically accessible programs in both the rural and metropolitan regions of the County, and implemented innovative service models based on strength-based recovery principles and family-centered philosophies.

ValueOptions is a proven partner with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) in reforming the system to improve service for consumers and families, and to include stakeholders as an integral part of planning and decision-making. We can lead the system through the changes necessary to fully meet the vision delineated by ADHS/DBHS, and can make those changes through a collaborative, inclusive process that yields positive results. We understand the strengths and deficits in the current system and throughout the proposal have presented strategic plans to build on the strengths and reduce the deficits.

Preparing this proposal has provided ValueOptions with an opportunity to review accomplishments of the past and to contemplate future achievement. Both accomplishments and future plans are summarized below.

Previous Accomplishments

ValueOptions, in partnership with ADHS/DBHS, brought stability, collaboration, and leadership to the delivery system. Without this accomplishment, the system would not have been able to take risk, attempt innovation or make fundamental changes in philosophy or system design. Once these fundamentals were in place, ValueOptions began major system reform.

We began by changing our philosophy and instituting reforms to translate the philosophy into practice. We developed mechanisms to measure our performance and identify areas for improvement. For example:

ValueOptions has in concert with ADHS/DBHS reformed the philosophy of the children's system to be congruent with the Arizona Model for Children.

This philosophical reform is the foundation for both current service delivery and future improvements to the system. To translate the philosophy into practice, we:

- expanded community and support services, including Child and Family Teams for 1100 children, allowing us to dramatically reduce the number of children placed in out-of-state residential facilities;
- delivered over 28,000 hours of training to staff, providers, and other state agencies on the Child and Family Team Model and on the strengths-based assessment process;
- expanded the workforce to support implementation of the Child and Family Teams, Family Support Partners and Community Support Specialists;
- increased available service alternatives to support the model, including therapeutic foster care placements (22), contracts with specialized agencies, and development of the Family Involvement Center, which recruits and trains Family Support Partners, supports families, and provides families with direct influence on the delivery system;
- improved collaboration efforts with our system partners, including the co-location of services at three Department of Economic Security (DES) Child Protective Services sites, the initiation of Children's Action Teams for children and adolescents being removed from their homes, and the development of specialized teams for children and adolescents who are developmentally disabled and mentally ill;
- implemented a system-wide cultural competency plan that provides financial incentives for meeting goals, including targeting prevention efforts and other programs in areas with the highest concentration of Medicaid eligible individuals; and
- created internal processes to monitor system efforts to continually improve the delivery of strengths-based, culturally-relevant services, and to report our progress to consumers, families, and stakeholders to solicit input about necessary improvements.

ValueOptions incorporated the recovery philosophy into basic practice across the service delivery system, continues to build services to fully meet the needs of consumers with serious mental illness, and advances the system toward fulfillment of the goals set forth in Arnold vs. Sarn.

ValueOptions modified the system of care for adults with seriously mentally illness to implement the recovery principles envisioned by the Arnold vs. Sarn lawsuit and defined in the *Principles for Persons with Serious Mental Illness*. We have

- increased peer support and employment, including creating the nationally recognized Recovery Education Center in collaboration with one of our major providers; employed consumers as case managers, peer support specialists, rehabilitation specialists, service evaluators, and other key Direct Service positions; and increased drop-in center capacity;
- added 1,762 units of subsidized housing, 300 Housing and Urban Development(HUD)-funded housing units, 106 permanent housing units, and specialized housing units for consumers with sexualized behaviors, with co-occurring substance use, and for those who are leaving supervisory care or who are on probation;
- initiated numerous changes in the delivery of rehabilitation services, including the development of a supported education and training scholarship program serving over 400 consumers, the addition of nine rehabilitation providers, the development of a consumer run “Warm Line” employing 12 consumers, the creation of an on-site rehabilitation program for forensic and civil patients at the Arizona State Hospital, and the hiring of 31 rehabilitation specialists and six coordinators who provide support and technical assistance to existing teams;
- established an Extended Evaluation Program in which over 500 consumers received substance abuse treatment for up to 90 days as part of the SMI determination process;
- expanded the jail diversion program, which serves over 350 consumers a year, to Scottsdale and Tempe, and provided crisis intervention training to 150 Phoenix police officers and 25 downtown ambassadors—over 350 consumers a year have been diverted into treatment after booking from the County Jail;
- created five Assertive Treatment Teams (ATT) that serve over 325 consumers; and
- augmented collaborative efforts with Arizona Health Care Cost Containment System (AHCCCS) Health Plans through development of a joint effort to reduce emergency room admissions for high-risk consumers.

ValueOptions demonstrated its ability to respond quickly to increasing consumer demands and funding, yet managed the expansion in a way that improved treatment effectiveness across the system. For example:

ValueOptions moved quickly and systematically when faced with rapidly increasing enrollment of Medicaid eligible individuals with substance abuse and general mental health disorders.

New resources were needed to start quickly and be used effectively to improve treatment quality and to meet consumer outcomes. Consequently, we:

- initiated evidence-based practices across the network, including incorporating the ASAM dimensional triage form into assessment and service planning, placing a major emphasis on the co-occurring guiding principles, ASAM criteria (ASAM PPC-2R), stage of change model and motivational enhancement therapy, and incorporating motivational enhancement therapy into the everyday practice of contracted substance abuse providers and ValueOptions Direct Service Sites;
- identified ten substance abuse providers who are adding a new evidence-based practice to their clinical repertoire;
- required that all substance abuse residential programs are “dual diagnosis capable,” moving toward “dual diagnosis enhanced”;
- expanded co-occurring program staff and capacity;
- spearheaded an agreement between the Urgent Care Centers and the Residential Detoxification provider agency to serve people who are intoxicated and suicidal;
- added a 10 bed residential program for women in the South Phoenix area; and
- contracted with two outpatient programs with day care capacity for women with substance abuse disorders.

Key Initiatives for the Future

In the pages that follow we describe our “next steps” – the service initiatives and administrative enhancements that we believe are necessary to move the Maricopa County behavioral health system forward. We also describe our plans to initiate a Community Reinvestment Program to support the many critical needs of the behavioral health system for which other funding is unavailable.

Community Reinvestment

In the past five years, ValueOptions has established itself as a community partner in Maricopa County. We are actively involved with consumers, providers, and stakeholders in building a healthy, vibrant community that can support the needs of its members experiencing behavioral health problems. We have stabilized and creatively expanded the service delivery system and are now ready to take a new, major “next step” as a community partner.

Beginning in July, 2004, ValueOptions will reinvest a portion of the annual profits allowed under the ADHS/DBHS contract into projects and initiatives that benefit the Maricopa County community. We are currently exploring a variety of possible initiatives and will develop an Annual Reinvestment Plan with input from consumers, providers, and other community stakeholders. The goal of this process will be to fund projects and activities which support and strengthen the behavioral health system but for which other resources are not available. Reinvestment funds will be used as a catalyst to develop a competent, well-trained workforce, to expand service capacity and improve quality, and to enhance the infrastructure of the system to support its continued growth and development. Possible reinvestment opportunities include:

- Collaborative relationships (including the expansion of community-based internship programs and the development of curricula relevant to public sector) with Maricopa County universities and colleges to enhance the availability and accessibility of high-quality training for behavioral health professionals and paraprofessionals;
- The provision of community college and university scholarships to Maricopa County residents to enable students from diverse backgrounds to pursue graduate and undergraduate degrees in behavioral health-related fields;
- Sponsorship of high-quality conferences and other professional education opportunities for behavioral health professionals in Maricopa County;
- The development of a training “center for excellence” providing state-of-the-art site-based and distance learning opportunities for consumers, staff, and stakeholders in the behavioral health system.

With broad community input and direction, we believe that our reinvestment plan will yield exciting results, allowing us to steadily infuse needed resources into the behavioral health system.

During the next contract period, we will implement the following initiatives that are described in detail throughout our proposal:

- integrate physical health and behavioral health care services at our Direct Care Service Sites;
- expand cultural competence initiatives to increase enrollment and service delivery for Latino youth and adults;
- implement the “Housing First” model to move homeless consumers directly into permanent housing with supports;
- expand Assertive Treatment Teams (ATT) , including the first fully bilingual team, for consumers with serious mental illness;
- create case management teams specialized in working with 18-25 year-old consumers with serious mental illness;
- create case management teams specialized in Dialectical Behavior Therapy (DBT), an evidence-based practice for consumers with borderline personality disorders;
- ensure that family support is available and offered to all Title XIX eligible families;
- initiate best practices in supported employment at all ValueOptions Direct Service Sites;
- expand respite capacity for children and adolescents, including both additional providers and a “respite co-op” managed by families;
- develop system-wide protocols for adolescents ages 16-18 who will need continuing behavioral health services as adults;
- redesign the children’s residential system to ensure that program models are aligned with the Child and Family Team principles; and
- expand innovative uses of technology, including the development of expedited systems of data transmission with providers, Web-based information-sharing systems with AHCCCS health plans and primary care physicians, internal systems for managing provider capacity, and distance learning models to make training more accessible to provider agency staff.

Key to all these changes has been our ability to build trust, develop collaborative relationships, and implement reform. In the next contract, we have a marked advantage in that we have developed these relationships and have an intimate knowledge of all aspects of the behavioral health system; we do not have a learning curve. We will achieve the results desired by ADHS/DBHS, because we have proven our ability to perform in Maricopa County. This is something no other Offeror can provide.